

51 5001

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

KARL SPRINGER

2. DATE
OF
DEATH

6-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1744 East Madison St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-05

D. STREET ADDRESS (If rural, give location)

1744 E. Madison St

c. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

62

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William

(R)

14. MOTHER'S MAIDEN NAME

Shirley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Munne Springer

ADDRESS

Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CORONARY THROMBOSIS

2 HRS.

ANTECEDENT CAUSES

DUE TO

(B)

CORONARY Sclerosis

2 YRS.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1949 to June 4, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 4 m., from the causes and on the date stated above.

23A. SIGNATURE

Albert H. Hurler

23B. ADDRESS

1801 EUTAW PL

23C. DATE SIGNED

6/4/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-5-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 5 - 1951

REGISTRAR'S SIGNATURE

L. H. Williams

25. FUNERAL DIRECTOR

J. E. Lewis

ADDRESS

2100 Eutaw Pl

VS 150

2906A

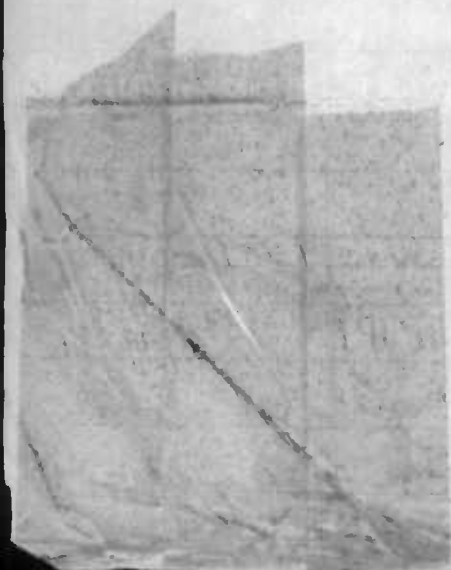
940

MARGIN RESERVED FOR BINDING

Y, WITH UNFADING INK. Every item of information should be reported. The important. Physicians: please write the causes of death clearly and

PLEASE WRITE correct age is essential

Hummelfarb
1801 Entw 92



431 51 5002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5002

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL GOHLBERG

2. DATE
OF
DEATH

6-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Temblatts Home

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore 13-02

D. STREET ADDRESS (If rural, give location)

2235 Brookfield Ave

c. Length of stay in Baltimore

65

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Mechanics

11. BIRTH PLACE (State or foreign country)

Kovna

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sandall

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sarah Goldberg - Same

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1948, to 6-4, 1951, that I last saw the
deceased alive on 6-4, 1951, and that death occurred at 11:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Schwartz

23B. ADDRESS

3320 Euston Place

23C. DATE SIGNED

6-4-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-5-51

24C. NAME OF CEMETERY OR CREMATORY

Mushkov Israel

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 5 - 1951

REGISTRAR'S SIGNATURE

L. H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Fred Lewis Inc 2100 Euston Pl

Schwartz

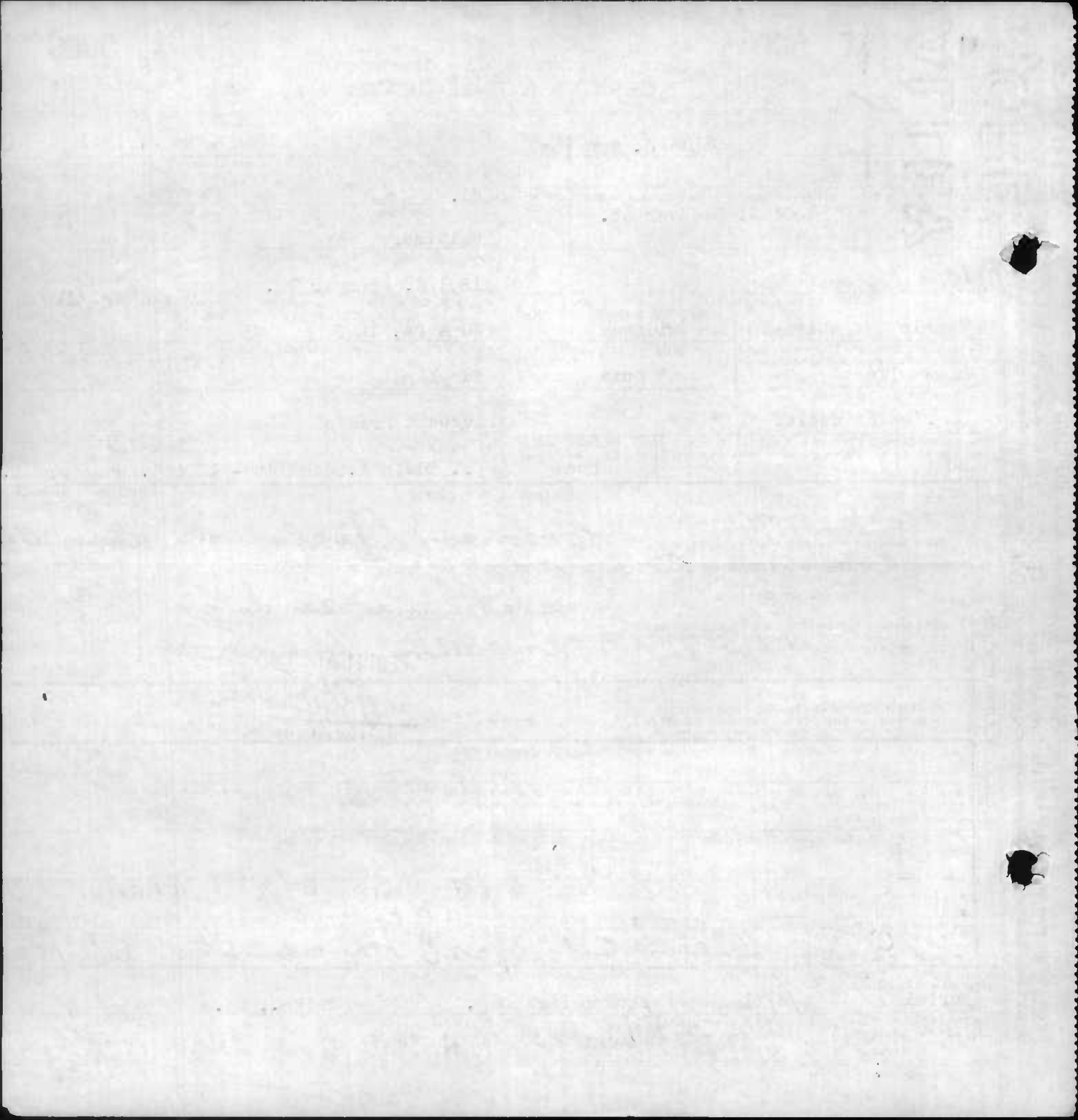
51 5003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5003

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		AMELIA J. SCHMIDT		June 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE			
1501 S. Hanover St.		Md.			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos. Days		Baltimore 23-02			
5. SEX		6. COLOR OR RACE		D. STREET ADDRESS (If rural, give location)	
female	white			1501 S. Hanover St.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (in years last birthday)	
widowed		June 24, 1875		75	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
housewife		at home		Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Charles Seidwitz		Augusta Krause			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
no		none		Dr. Edwin A. Schmidt - 1501 S. Hanover St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.1		Coronary Occlusion		Immediate	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertensive cardio-		2	
		DUE TO			
		(C) vascular disease			
II		CERTIFICATION APPROVED BY			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Dr. Fisher M. D.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 6/3 1951, to 6/3 1951, that I last saw the deceased alive on 5/4 P.m., 1951, and that death occurred at 5:45 P.m., from the causes and on the date stated above.					
23. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Harry Deisel		1226 Hanover St.		6/4/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/6/51		Loudon Park Cem.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
JUN 5 - 1951		[Signature]		24D. LOCATION (City, town, or county) (State)	
				Balto., Md.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

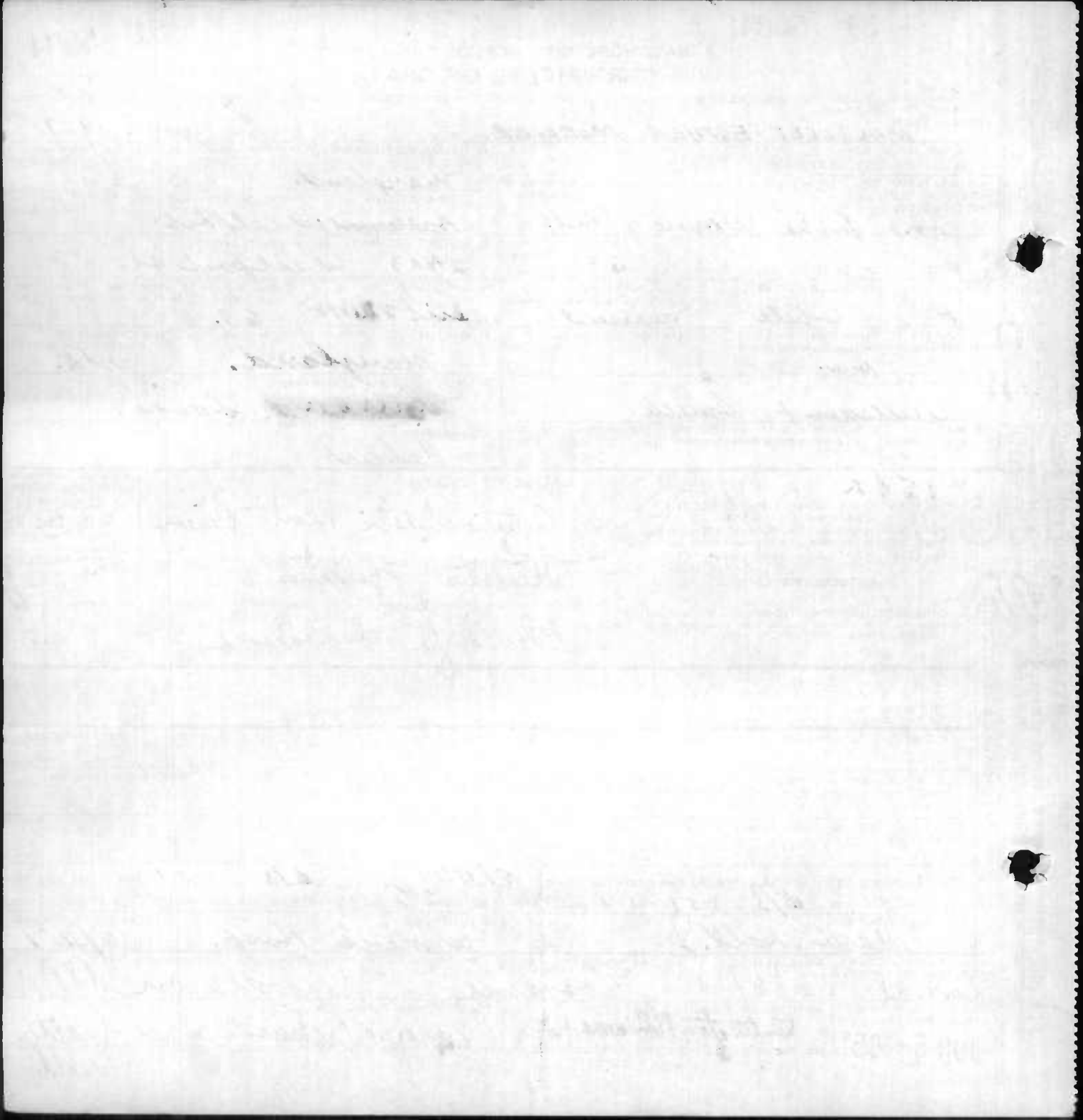
M 460 51 5004

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5004
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) MARGARET ESTHER MOELLER.		2. DATE OF DEATH June 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 25-33			
B. FULL NAME OF HOSPITAL OR INSTITUTION Hosp. for the Women & Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Westport.			
c. Length of stay in Baltimore 63. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2403 Westport St.			
5. SEX F	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married.	8. DATE OF BIRTH April 21, 1888.	9. AGE (In years last birthday) 63.	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NA.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William E. Smith.			14. MOTHER'S MAIDEN NAME Louisa Davis.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Patient.	
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Arteriosclerotic Heart Disease and Diabetes mellitus DUE TO (B) and DUE TO Electrolyte imbalance (C)		INTERVAL BETWEEN ONSET AND DEATH years "	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/15/51 19 51 , to 6/3 19 51 , that I last saw the deceased alive on 6/3 19 51 and that death occurred at 2:00 m., from the causes and on the date stated above.					
23A. SIGNATURE Mark E. Hall.		23B. ADDRESS Women's Hosp.		23C. DATE SIGNED 6/3/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/6/51	24C. NAME OF CEMETERY OR CREMATORY Lorraine	24D. LOCATION (City, town, or county) (State) Woodlawn Md		
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 - 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Williams & Sons - Balt. Md.	

61



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BEULAH R. KELLY

2. DATE

OF DEATH June 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2211 W. Rogers Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

27-15

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 14, 1876

9. AGE (In years last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Hamilton Arnold

14. MOTHER'S MAIDEN NAME

Emma J. Stallings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mamie B. Fisher 2211 W. Rogers Ave

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1951, to Aug. 2, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/5/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5 - 1951

49a Balto md

WALLLEY &
CONGRESS
BOND
CORPORATION
U.S.A.

9470 27.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN W. F. JOHNSTON

2. DATE
OF
DEATH

June 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

4103 Park Heights Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

4103 Park Heights Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Jan. 24, 1863

9. AGE (In years
last birthday)

88

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Johnston

14. MOTHER'S MAIDEN NAME

Susanna A. Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marthe L. Johnston-4103 Park Hgts. Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocarditis

DUE TO

1 month

ANTECEDENT CAUSES

(B)

Arterio Sclerosis

DUE TO

?

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Eczema

3 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1951, to June 2, 1951, that I last saw the
deceased alive on June 1, 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

F. B. De Barbin

23B. ADDRESS

4723 Park Heights Ave

23C. DATE SIGNED

6/7/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/5/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 5-1951

REGISTRAR'S SIGNATURE

Curtis H. Holliday

25. FUNERAL DIRECTOR

Wm. J. Tidney & Sons

ADDRESS

Balto Md. 937

100

100

100

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THE UNIVERSITY OF

CHICAGO

LIBRARY

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51

5008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

5008

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) (Beulah) Beluah Adams2. DATE
OF
DEATH June 2-19513. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 4-02D. STREET ADDRESS (If rural, give location)
715 Vine St. zone 1

c. Length of stay in Baltimore 35yrs

Yrs.
Mos.
Days5. SEX
F6. COLOR OR RACE
N7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed8. DATE OF BIRTH
May 28-18949. AGE (In years
last birthday) 57If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Non Sewife Virginia12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Lee

14. MOTHER'S MAIDEN NAME
Phoebe ?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardio Vascular Disease Over 1 Yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Vascular Accident

Over 2 Mos

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 4-30-1951 to 6-2-1951, that I last saw the
deceased alive on 6-2-1951, and that death occurred at 8:45P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave., Baltimore, Md. 6-3-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5-1951

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5009

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Mary Hammen</i>		2. DATE OF DEATH <i>June 3/57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>420 S. Eden St</i>		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE _____ B. COUNTY <i>3-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>00</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>420 S. Eden St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>April 1874</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (in years last birthday) <i>77</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <i>Conrad Hammen</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>John Hammen</i>		ADDRESS <i>196 Maple Ave Catonsville</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Two Hours</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Atherosclerosis</i>		?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Age (77)</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>May 27</i> , 1957, to <i>June 3</i> , 1957, that I last saw the deceased alive on <i>June 3</i> , 1957, and that death occurred at <i>12 p.</i> m., from the causes and on the date stated above.				

23A. SIGNATURE <i>Harry Linden</i>		23B. ADDRESS <i>14 S. Broadway</i>		23C. DATE SIGNED <i>June 4, 1957</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 6/57</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Paul's</i>	24D. LOCATION (City, town or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 5-1957</i>		REGISTRAR'S SIGNATURE <i>Anthony Williams</i>		25. FUNERAL DIRECTOR <i>Paul Herurgson</i>
VS 150		ADDRESS <i>2024 Orleans St</i>		<i>94a 31</i>

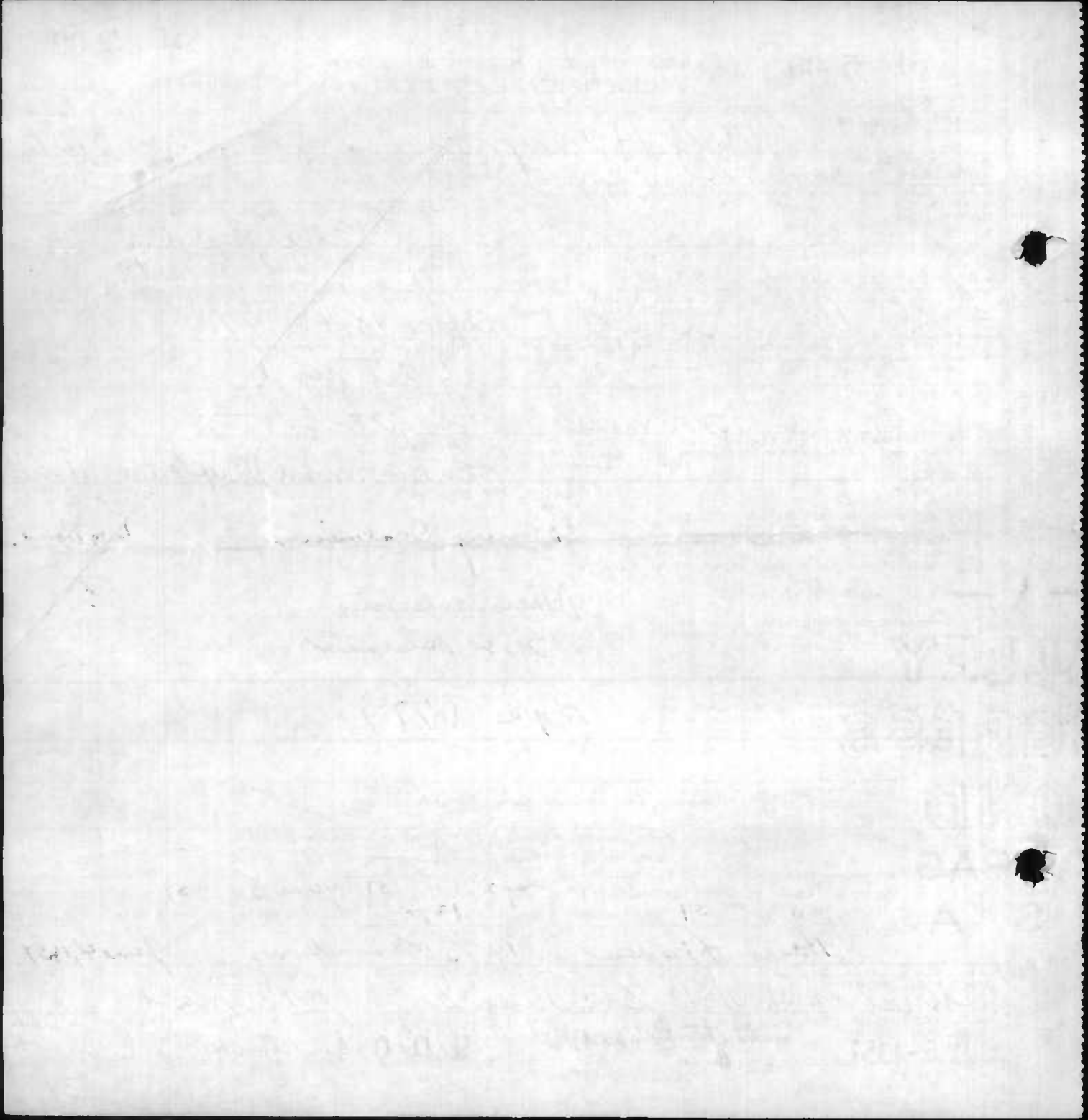
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

4-550

51 5009



W-300

51 5010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5010

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELIZABETH R. WADE

2. DATE
OF
DEATH

June 3 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2103 West Baltimore Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

2103 West Baltimore Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2/19/1863

9. AGE (In years
last birthday)

88

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Gamber Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Ritter

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

--

17. INFORMANT

ADDRESS

Webster Wade. 16 Symington Ave. Catons

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Cardiac Failure

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cardiovascular disease

3 weeks

(C) DUE TO

Senility

3 weeks

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1951, to June 3, 1951 that I last saw the
deceased alive on June 1, 1951, and that death occurred at 2 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Geo M Kieffer

M. D.

23B. ADDRESS

2470 Wash. Blvd

23C. DATE SIGNED

June 4 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 5/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

JUN 5 - 1951

F. B. Wippert & Son.

F. B. Wippert & Son.

1300 Eutaw Pl. 17

VS 150

F.B. Wippert & Son.. 1300 Eutaw Pl. 17

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

June 3 1951

ELIZABETH H. WATKINS

WATKINS

WATKINS

2105 West Baltimore Street

2105 West Baltimore Street

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS

--

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WATKINS

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Ercole

2. DATE
OF
DEATH

6.3.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

26-08

c. Length of stay in Baltimore

39 Yrs.

D. STREET ADDRESS (If rural, give location)

228 S. Conkling St. #24

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August 31 1894

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months Days

9 3

11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bricklayer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy (Penna Sant 'Andrea)

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Ercole

CONST.

14. MOTHER'S MAIDEN NAME

Angelina Ciambotti

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-03-6777

17. INFORMANT

ADDRESS

Mary F. Ercole (Wife) 228 S. Conkling St.

18. 200.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lymphosarcoma tosis

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19-51 to 6-3-51, that I last saw the
deceased alive on 6-3-51, and that death occurred at 5 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Labele Bokhair

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

6/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 6 1951

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN CEMETERY

24D. LOCATION (City, town, or county)

7225 Eastern Ave Balt. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

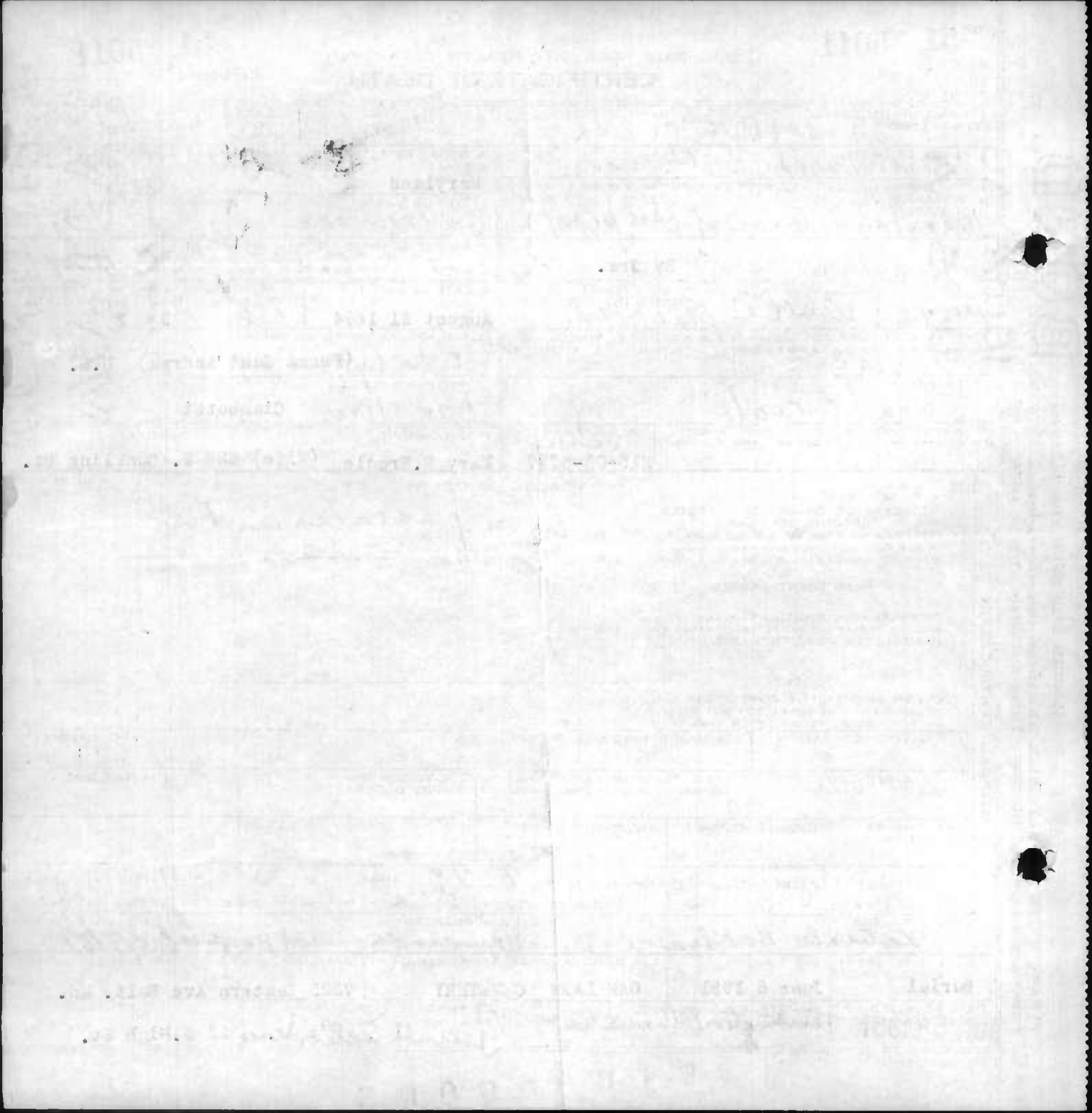
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

ADDRESS

Frank Della Rocca 322 S. High St.



P 240

51 5012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5012

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Theresa Pasquali

2. DATE
OF
DEATH

June 3rd 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3700 Overview Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3700 Overview Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

15-12

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

November 2 1888

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

7

1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Malcesine Verona (Italy)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bartolo Andreis

14. MOTHER'S MAIDEN NAME

Domenica Saglia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hilda Faraone 3700 Overview Rd.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

26 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Diabetes

about
7-8 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arterio-sclerotic
Cardiovascular disease

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to June-3-, 1951, that I last saw the
deceased alive on June-3-1951, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Herman Seidel

23B. ADDRESS

2404 Eutaw Pl

23C. DATE SIGNED

6/4/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 7 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Frank J. Jellison

322 S. High St.

VS 150

95-10005004

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1013

CERTIFICATE OF DEATH

1013

June 1st 1951

June 1st 1951

1013

1013

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1013

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAHLON A. BENSON

2. DATE
OF
DEATH

6-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

BALT.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Stoneleigh 5300

D. STREET ADDRESS (If rural, give location)

711 MURDOCK Rd.

c. Length of stay in Baltimore

3

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

3-21-1879

9. AGE (in years last birthday)

72

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Watchman

10B. KIND OF BUSINESS OR INDUSTRY

W. Md. Dairy

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Basil B. Benson

14. MOTHER'S MAIDEN NAME

Leah Pumphrey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Russell S. Benson

ADDRESS

same

18. 578X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

GENERALIZED PERITONITIS

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

(B)

PERFORATED COLON

DUE TO

4 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pancreatitis

?

19A. DATE OF OPERATION

6-3-51

19B. MAJOR FINDINGS OF OPERATION

Obstructed colon

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2-1951, to 6-4-51, 1951, that I last saw the deceased alive on 6-4-1951, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Francis H. Warr

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

6-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

6-6-1951

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge

24D. LOCATION (City, town, or county)

Savage,

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 5 - 1951

REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons 1900 Eutaw Place

ADDRESS

VS 150

563415005

122B

1002 45

1002 45

1002 45

1002 45

1002 45

1002 45

1002 45

1002 45

1002 45

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5014
Registered No. _____

BIRTH NO. 51 5014

1. NAME OF DECEASED
(Type or Print)

Paul N. Schaub

2. DATE
OF
DEATH

6/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE *Maryland* B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 20-08

D. STREET ADDRESS (If rural, give location)
401 S. Augusta Ave.

c. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

April 20, 1918

9. AGE (In years last birthday)

33

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life or retirement)

LAWYER RET.

10B. KIND OF BUSINESS OR INDUSTRY

U. S. Govt

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward A. Schaub Sr

14. MOTHER'S MAIDEN NAME

Mary M. McGreevy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary M. Schaub (Sister)

ADDRESS

18. *345X I*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Broncho-pneumonia*

INTERVAL BETWEEN ONSET AND DEATH
4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Multiple Sclerosis - for 5-6 yrs?*
advanced with severe wasting

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/1/51*, 1951, to *6/3/51*, 1951, that I last saw the deceased alive on *6/3/51*, 1951, and that death occurred at *9:45* a. m., from the causes and on the date stated above.

23A. SIGNATURE

Marion E. Linn

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

6/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-6-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Robert C. Walters

ADDRESS

JUN 5 - 1951

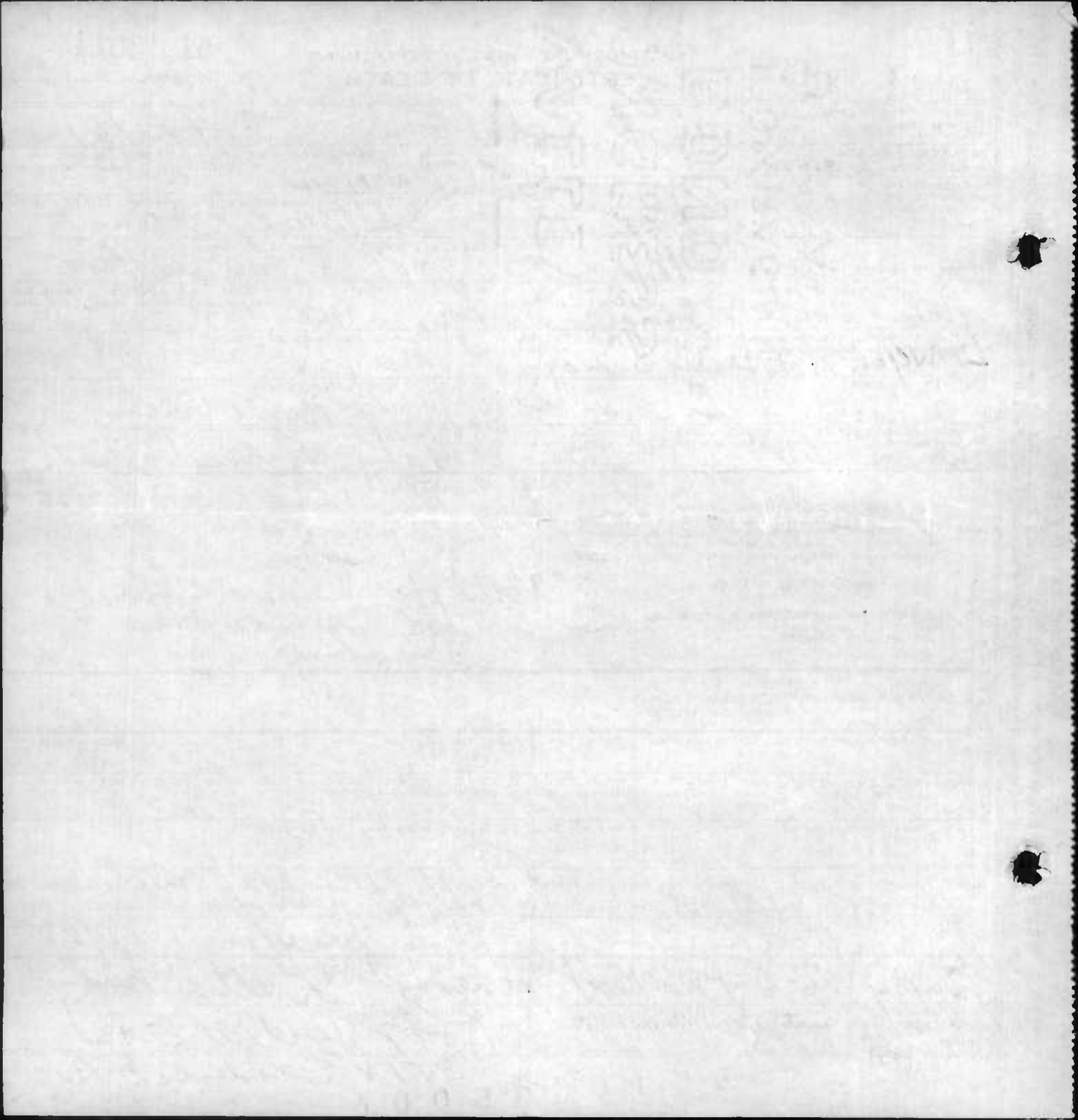
VS 150

195050910 351Y Frederick Ave 87D 5006

MARGIN RESERVED FOR CERTIFICATION

MEDICAL CERTIFICATION

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5015
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATRINA

PACK

2. DATE
OF
DEATH

June 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN

Severna Park

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/3/57

9. AGE (In years
last birthday)

If Under 1 Year
Months Days

5

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Johns Hopkins Hosp.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Johnson

14. MOTHER'S MAIDEN NAME

Dorothy Pack

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy Pack, Severna Park

18. 491x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Booth

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
June 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial June 7/51

Trumanek

Severna Park A.A.C. Inc.

Severna Park A.A.C. Inc.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5-1951

William V. Booth

J.B. Johnson Annapolis, Md.

VS 151

19510005007

107

STATE OF TEXAS
COUNTY OF DALLAS

WITNESSES

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public in and for the State of Texas.

1302

My Commission Expires _____

Notary Public

My Comm. Expires _____

Notary Public

Notary Public

My Comm. Expires _____

Notary Public

My Comm. Expires _____

Notary Public

My Comm. Expires _____

Notary Public

My Comm. Expires _____

Notary Public

My Comm. Expires _____

Notary Public

My Comm. Expires _____

Notary Public

My Comm. Expires _____

Notary Public

My Comm. Expires _____

Notary Public

My Comm. Expires _____

Notary Public

My Comm. Expires _____

Notary Public

1302

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5016

Registered No.

BIRTH NO.

51 5016

1. NAME OF DECEASED
(Type or Print)

Ruth F. Martin

2. DATE
OF
DEATH

June 4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

412 S. Gilmore St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

19-04

D. STREET ADDRESS (If rural, give location)

412 S. Gilmore St.

c. Length of stay in Baltimore

49 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 10, 1892

9. AGE (In years
last birthday)

59

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Assembly Operator

10B. KIND OF BUSINESS OR INDUSTRY

Prieze Instrument Co.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hansel

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Gene Martin, 412 S. Gilmore St.

18. 443X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO

Hypertensive Cardiovascular disease

INTERVAL BETWEEN
ONSET AND DEATH

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Cerebral hemorrhage

3 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Alcohol

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1951, to 6/4, 1951, that I last saw the deceased alive on 6/4, 1951, and that death occurred at 6p m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

June 8/51

Loudon Park, 3801 Frederick Rd. Balto. 29, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5 - 1951

Huntington Williams, M.D.

Harry A. Witzke

4101 Edmondson Ave.

VS 150

6903W 0005000

93D

100-100000

RECEIVED

100-100000

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100-100000

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ROLAND MACK QUICK

2. DATE
OF
DEATH

6-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

2013 N. PAYSON ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOV. 9, 1920

9. AGE (In years,
last birthday)

30

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WIREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

BETHLEHEM STEEL

11. BIRTHPLACE (State or foreign country)

NORTH CAROLINA.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JAMES ARTHUR QUICK

14. MOTHER'S MAIDEN NAME

CARRIE RIVERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

237-28-4925

17. INFORMANT

ADDRESS

ELOUISE QUICK 2013 N. PAYSON ST.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) PULMONARY HEMORRHAGE

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 Day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) PULMONARY TUBERCULOSIS

DUE TO

1 yr.?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 1951, to JUNE 1951, that I last saw the deceased alive on JUNE 1, 1951, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas W. Harris

M. D.

23B. ADDRESS

1824 W. Franklin St

23C. DATE SIGNED

6-4-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/10/51

24C. NAME OF CEMETERY OR CREMATORY

York Memorial

24D. LOCATION (City, town, or county)

Charlotte, North Carolina

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

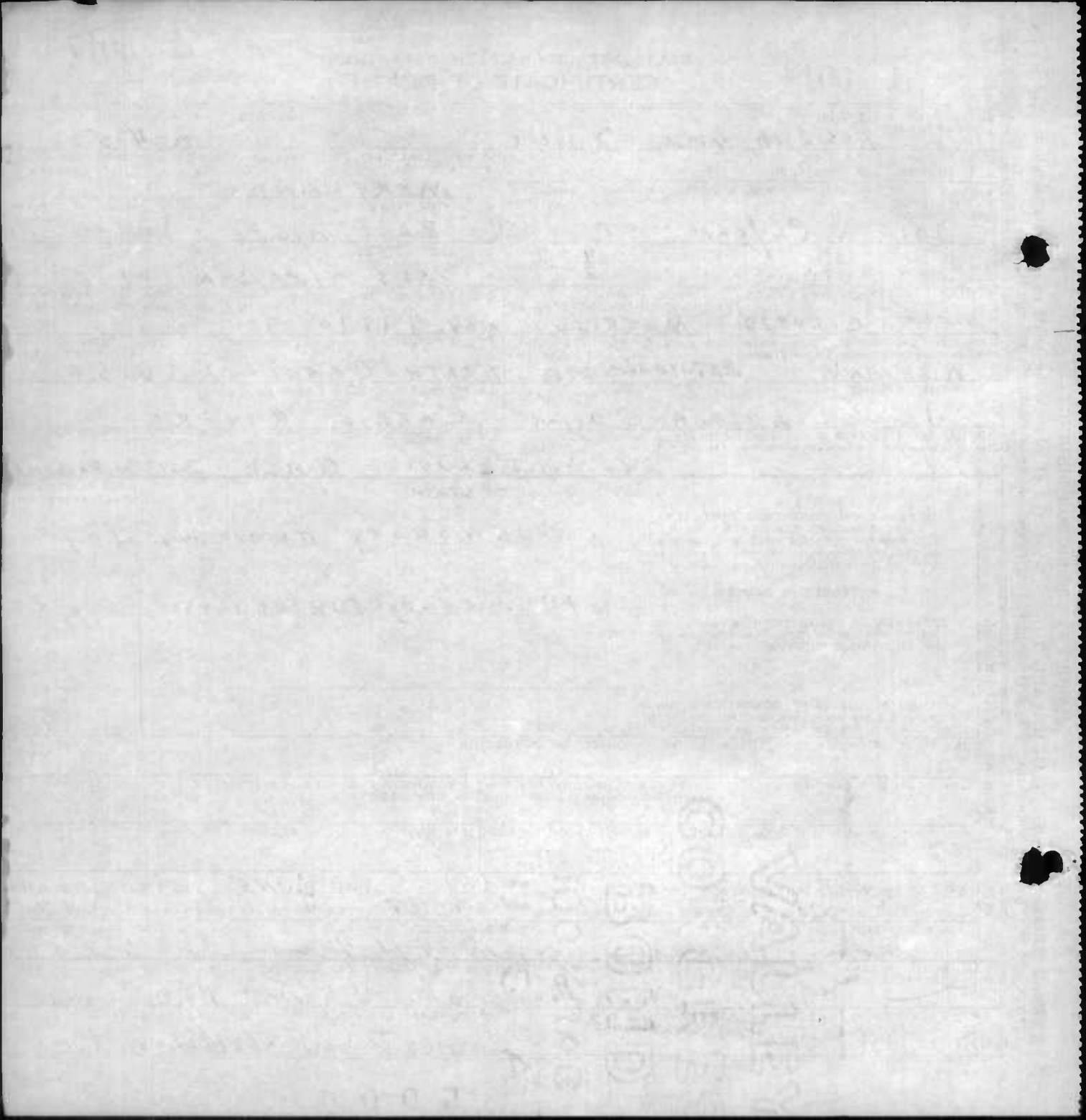
25. FUNERAL DIRECTOR

ADDRESS

JUN 5 - 1951

Walter J. Williams, M.D.

Charles R. Swan, 802 Madison Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5018

Registered No.

BIRTH NO. 51 5018

1. NAME OF DECEASED
(Type or Print)

Raymond T. Davis

2. DATE
OF
DEATH

June 2, 1951

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

914 W. Saratoga St.

C. Length of stay in Baltimore

20 yrs. Days

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5/10/97

9. AGE (In years
last birthday)

54

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laundryman

10B. KIND OF BUSINESS OR
INDUSTRY

Fish Co.

11. BIRTHPLACE (State or foreign country)

Berlin - Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Laundon

14. MOTHER'S MAIDEN NAME

Sarah Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WWI

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George Davis - 1420 Harlem Av.

18. E 900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull Fracture

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

House

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

914 Saratoga Street

21D. TIME (Month) (Day) (Year) (Hour)

June 2, 1951 2:00 P.m.

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell down stairs

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 3, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-6-51

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 5 - 1951

REGISTRAR'S SIGNATURE

William V. ...

25. FUNERAL DIRECTOR

Charles R. Law, 802 Madison Ave.

ADDRESS

VS 151

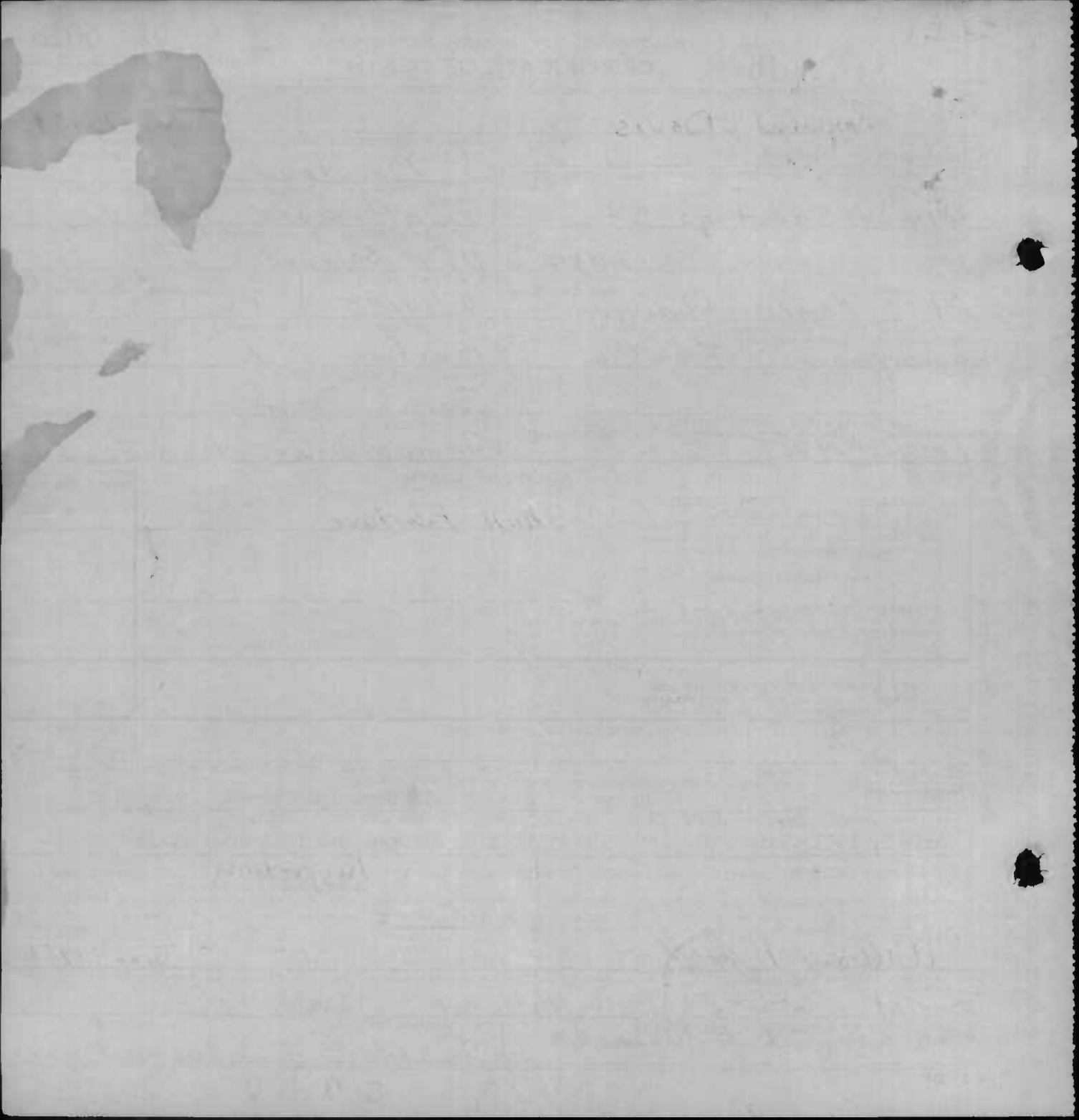
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643 840, 005010

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

5-455

51 5020

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

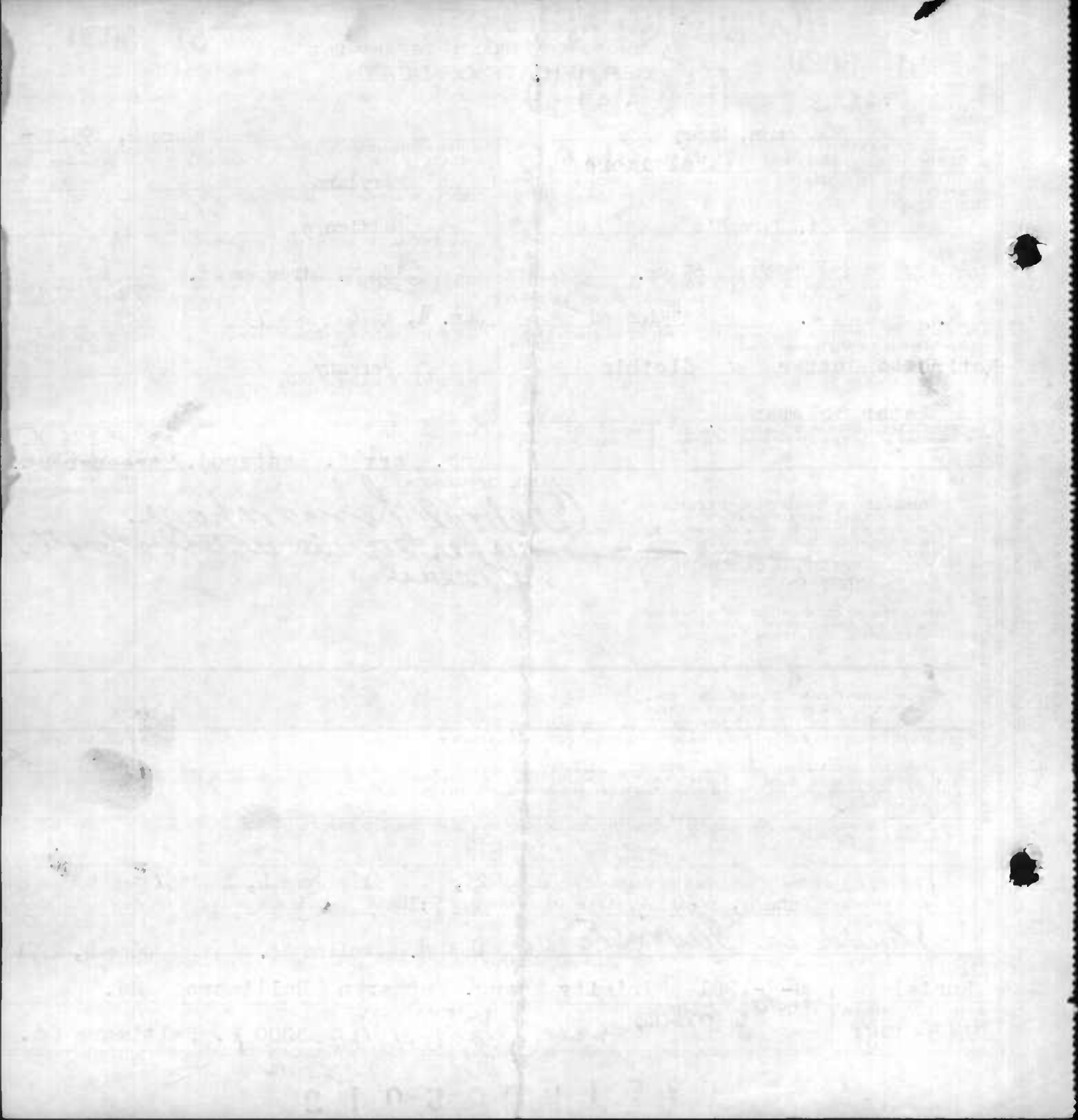
51 5020

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) <u>Salomon, Henry</u>			2. DATE OF DEATH <u>June 4, 1951</u>			
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u> <u>Baltimore</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____						
B. FULL NAME OF HOSPITAL OR XXXXXXXXXX <u>St. Joseph's</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			D. STREET ADDRESS (If rural, give location) <u>124 N. Streeper St.</u>			
c. Length of stay in Baltimore <u>65 yr.</u>			Yrs. _____ Mos. _____ Days _____						
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 7, 1878</u>		9. AGE (In years last birthday) <u>73</u>		10. Under 1 Year Months _____ Days _____	11. Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Cutter</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Clothing</u>			11. BIRTHPLACE (State or foreign country) <u>Germany</u>			12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>Peter Soloman</u>			14. MOTHER'S MAIDEN NAME <u>?</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>*</u>			16. SOCIAL SECURITY NO. _____
17. INFORMANT <u>Mrs. Mary L. Eastwood, Streeper St.</u>			ADDRESS <u>124 N.</u>			18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral hemorrhage</u> <u>hypertensive arteriosclerotic disease</u>			INTERVAL BETWEEN ONSET AND DEATH _____
19. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 25, 1951</u> to <u>June 4, 1951</u> that I last saw the deceased alive on <u>June 4, 1950</u> and that death occurred at <u>9:10am.</u> from the causes and on the date stated above.									
23A. SIGNATURE <u>Shaddens Swinski</u>			23B. ADDRESS <u>1400 N. Caroline St.</u>			23C. DATE SIGNED <u>June 4, 1951</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24B. DATE <u>6-7-1951</u>			24C. NAME OF CEMETERY OR CREMATORY <u>Trinity Evang. Lutheran Baltimore Md.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 5 - 1951</u>			REGISTERING SIGNATURE <u>John H. Moran</u>			25. FUNERAL DIRECTOR <u>3000 E. Baltimore St.</u>			

VS 150

1956 90 05012 83a

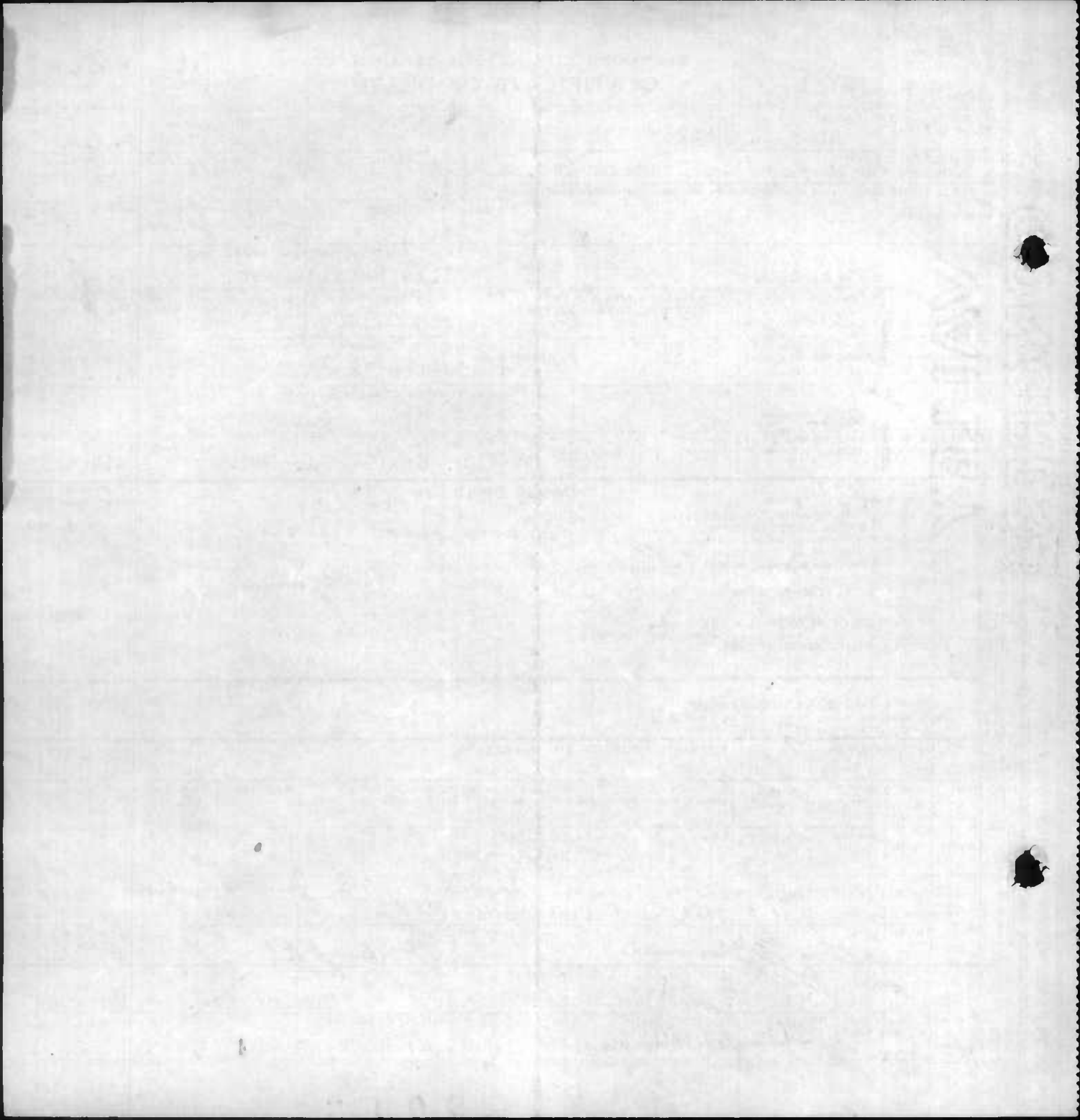


PLEASE WRITE PAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5021
Registered No.

BIRTH No. 51 5021 B-320		51 5021	
1. NAME OF DECEASED (Type or Print) Anna L. Betkey		2. DATE OF DEATH June 3, 51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3114 Rosalie Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 46 Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md. 27-05	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3114 Rosalie Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 9, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (in years last birthday) 51
11. BIRTHPLACE (State or foreign country) Switzerland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME ? Zeurrer		14. MOTHER'S MAIDEN NAME ? Guttensberger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. Charles A. Betkey		ADDRESS 3114 Rosalie	
18. 156.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma Liver DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 1951, to June 3, 1951, that I last saw the deceased alive on June 3, 1951, and that death occurred at 9:30 P. M., from the causes and on the date stated above.			
23A. SIGNATURE Nathan J. Jurey		23B. ADDRESS 7101 Harford Rd.	
23C. DATE SIGNED 6/5/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 5, 51	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Taylor Ave. Parkville	
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 - 1951		REGISTRAR'S SIGNATURE Nathaniel Williams, M.D.	
25. FUNERAL DIRECTOR Paul A. Heemann		ADDRESS 6067 Harford Rd.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert E. Greenwell

2. DATE
OF
DEATH

6/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

About 40 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3109 Brighton St. #16

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 1, 1877

9. AGE (In years;
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.12. CITIZEN OF
WHAT COUNTRY?10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

14. MOTHER'S MAIDEN NAME

Gertrude Wise.

13. FATHER'S NAME

Joseph Greenwell.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Walton A. May 3109 Brighton St.

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Multiple focus of encephalomalacia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

(C) Terminal bronchopneumonia 5 days

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 5-29 1951, to 6-4 1951, that I last saw the
deceased alive on 6-4 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/4/51

New Cathedral

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5 - 1951

Huntington Williams, M.D.

L. W. Meads 2nd Son 805 N. Calvert St.

SR 16

STATE OF NEW YORK
IN SENATE
JANUARY 1, 1902

SR 16

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
JANUARY 1, 1902

ALBANY: J. B. LIPPINCOTT & COMPANY, PRINTERS.
1902.

ALBANY: J. B. LIPPINCOTT & COMPANY, PRINTERS.
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1902.

ALBANY: J. B. LIPPINCOTT & COMPANY, PRINTERS.
1902.

102 91701

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

51 5023

Registered No.

BIRTH NO.

51 5023

D-408

CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

IDA GENEVIEVE DILL

2. DATE
OF
DEATH

June 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4510 Harford Road

27-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Female

White

Widow

March 4, 1876

75

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Thurn

14. MOTHER'S MAIDEN NAME

Genevieve Hesmar

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mildred B. Dill, 4510 Harford Road

18.

170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

carcinoma of Breast

2 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY:

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1945, to June 4, 1951, that I last saw the
deceased alive on June 3, 1951, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Loudon Park

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

6/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6/7/51

Loudon Park

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5 - 1951

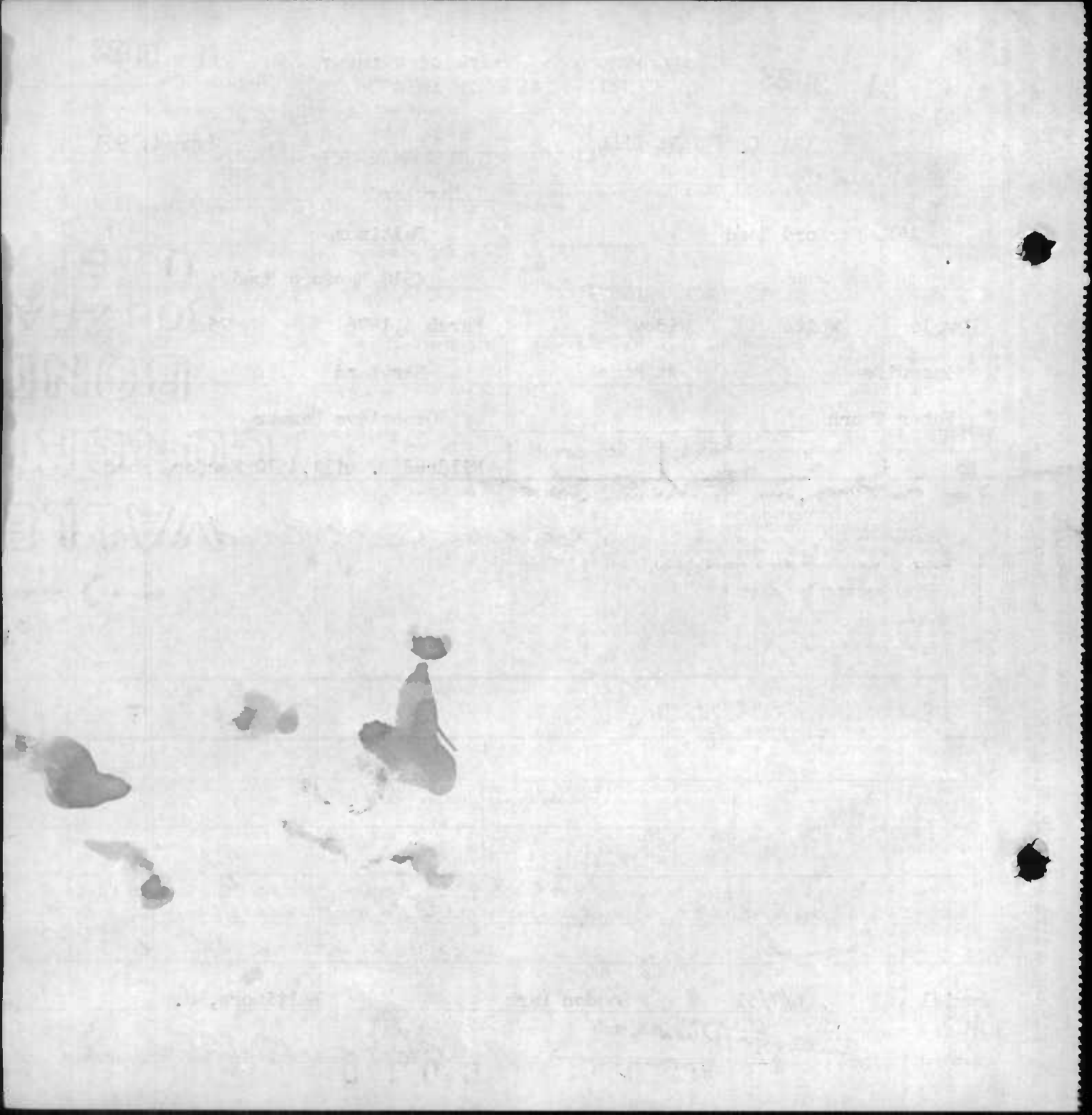
Loudon Park

1217 St Paul St

50

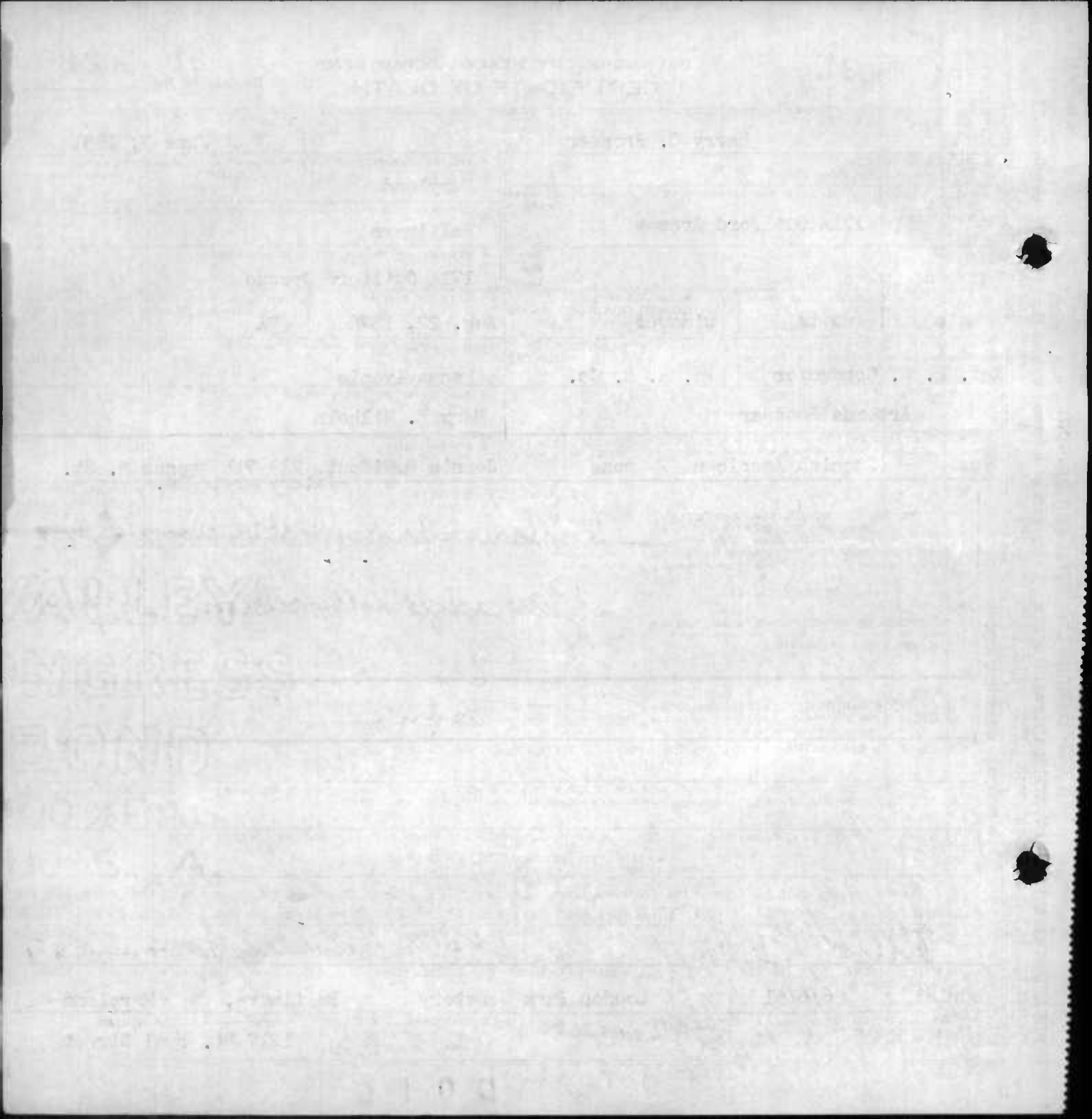
VS 150

19510005010



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5024
Registered No. 51 5024BIRTH NO. 51 5024
P-626

1. NAME OF DECEASED (Type or Print) Harry O. Prosser			2. DATE OF DEATH June 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1714 Guilford Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1714 Guilford Avenue 12-05		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 22, 1876	9. AGE (in years last birthday) 74	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. R. R. Conductor			11. BIRTHPLACE (State or foreign country) Pennsylvania		
10B. KIND OF BUSINESS OR INDUSTRY Pa. R. R. Co.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Artemus Prosser			14. MOTHER'S MAIDEN NAME Mary E. Wilhelm		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes Spanish American			16. SOCIAL SECURITY NO. none		
17. INFORMANT Jennie P. Ridout,			ADDRESS 233 7th Avenue N. St. Petersburg, Fla.		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Heart Disease Indefinite DUE TO (B) Generalized Arteriosclerosis Indefinite DUE TO (C) none			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 31 May , 19 51 , to 3 June , 19 51 , that I last saw the deceased live on June , 19 51 , and that death occurred at 5:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 12615 Belvedere Ave		23C. DATE SIGNED June 5, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/6/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland					
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 - 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc. 1217 St. Paul Street	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5025
Registered No. 5025

BIRTH NO. 51 5025 H-200

1. NAME OF DECEASED (Type or Print) Rowlan R. Nace			2. DATE OF DEATH June 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 548 Benninghaus Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 548 Benninghaus Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 3, 1887	9. AGE (In years last birthday) 63	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investigator			10B. KIND OF BUSINESS OR INDUSTRY Cooney Detective Agency		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Ferdinand Nace			14. MOTHER'S MAIDEN NAME Mary E. Marsh		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Lydia M. Nace, 548 Benninghaus Road			ADDRESS		
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO Anterior infarct DUE TO Complete Rt. Hemiplegia DUE TO Hypertension			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 10, 1950 , to June 4, 1951 , that I last saw the deceased alive on June 4, 1951 , and that death occurred at 3:26 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Lawrence C. Tash		23B. ADDRESS 6805 York Rd.		23C. DATE SIGNED 6/4/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/7/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Wm. Gorb, Inc.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 - 1951		REGISTERAR'S SIGNATURE Wm. Gorb, Inc.			

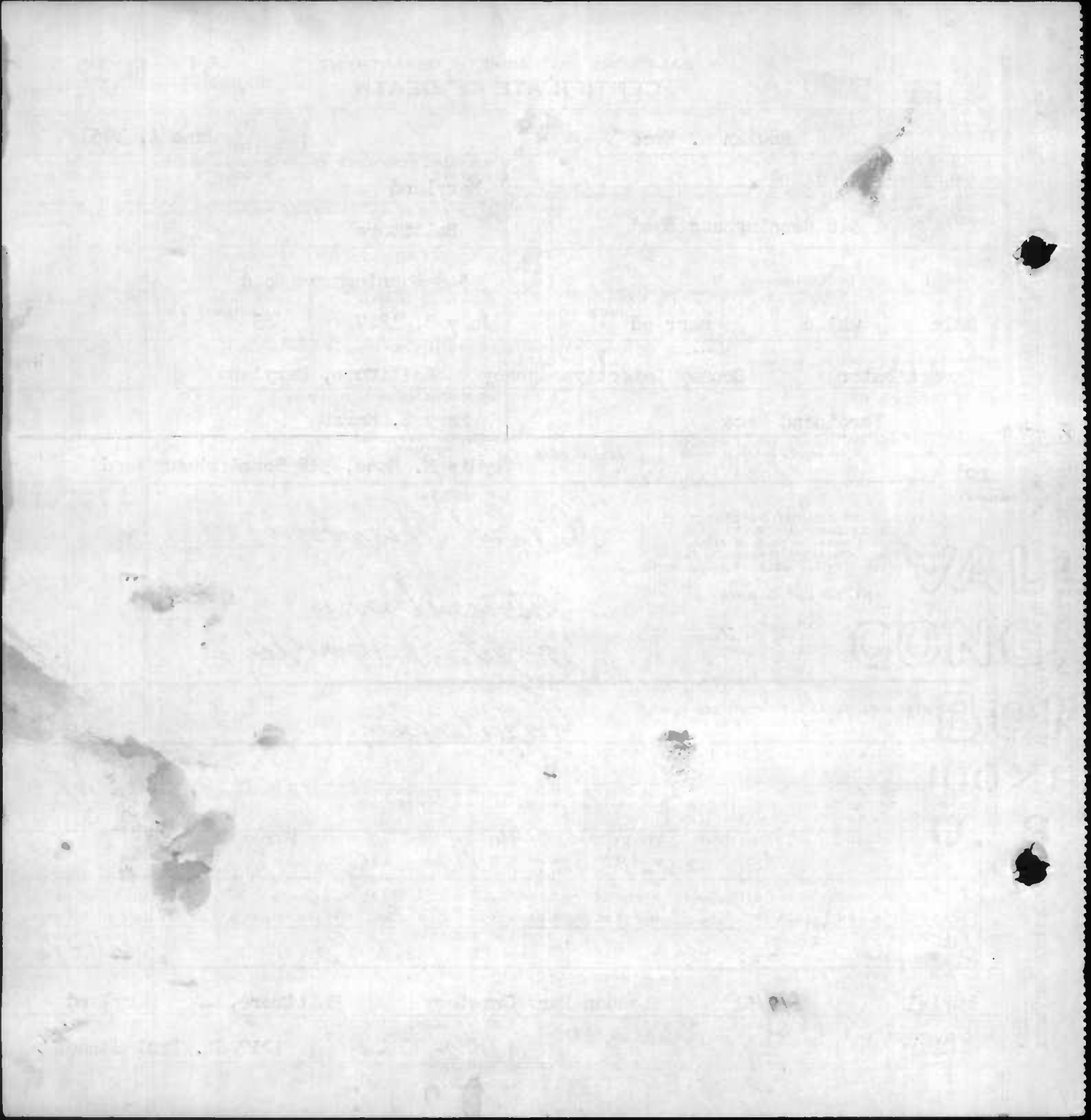
VS 150

17517073825017

83B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



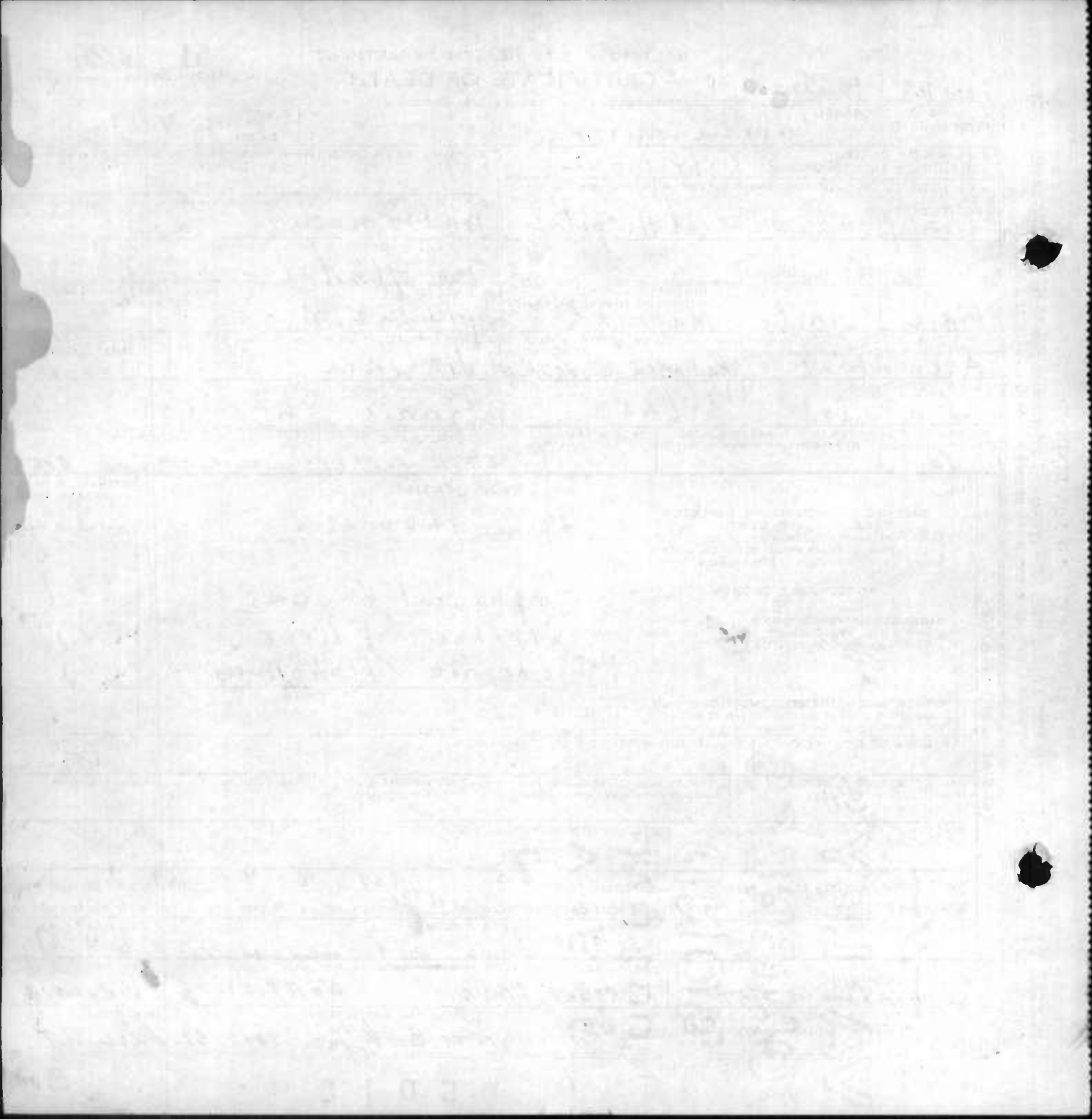
PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 5026

BIRTH No. 51 5026 m-420		1. NAME OF DECEASED (Type or Print) William Miles		2. DATE OF DEATH 6.4-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 700 Gladstone 27-13			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 2, 1895	9. AGE (In years last birthday) 55	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10B. KIND OF BUSINESS OR INDUSTRY RELIABLE STORES CORP.		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Lawson		14. MOTHER'S MAIDEN NAME Miles		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS ETHEL L. MILES, 700 GLADSTONE AVE	
18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hema thrombosis		CAUSE OF DEATH (A) Hema thrombosis (B) Esophageal Varices (C) Cirrhosis of liver DUE TO Chronic Alcoholism		INTERVAL BETWEEN ONSET AND DEATH 2 days (?) (?) (?)	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6.3.1951 to 6.4.1951, that I last saw the deceased alive on 6.4.1951, and that death occurred at 11:15 a.m., from the causes and on the date stated above.					
23A. SIGNATURE John E. Deane		23B. ADDRESS 700 Gladstone		23C. DATE SIGNED 6.4.51	
24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24B. DATE 6/7/51		24C. NAME OF CEMETERY FORREST LAWN	
24D. LOCATION (City, town, or county) (State) NORFOLK, VIRGINIA		25. FUNERAL DIRECTOR Wm. Corp. Inc.		ADDRESS 1217 ST. PAUL ST.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 - 1951		REGISTRAR'S SIGNATURE Washington Williams, M.D.			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5027
Registered No.

BIRTH NO. 5027

1. NAME OF DECEASED
(Type or Print)

MYRTLE I. ROSE WAG

2. DATE
OF
DEATH

June 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

South Balto. Gen. Hospital Baltimore 25-43

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2041 Harman Avenue

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

Female

White

Widowed

Oct. 13, 1890

60

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Maryland

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

George Page

Laura ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary Payne, 2041 Harman Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Embolism

12 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

(C) Rheumatic Heart Disease

20 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 28, 1951, to June 5, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 5:20 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Martin C. Macgibbon, M. D.

1213 Light St., Balto. 6-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY

24D. LOCATION (City, town, or county)

(State)

Burial

6/8/51

London Park

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5-1951

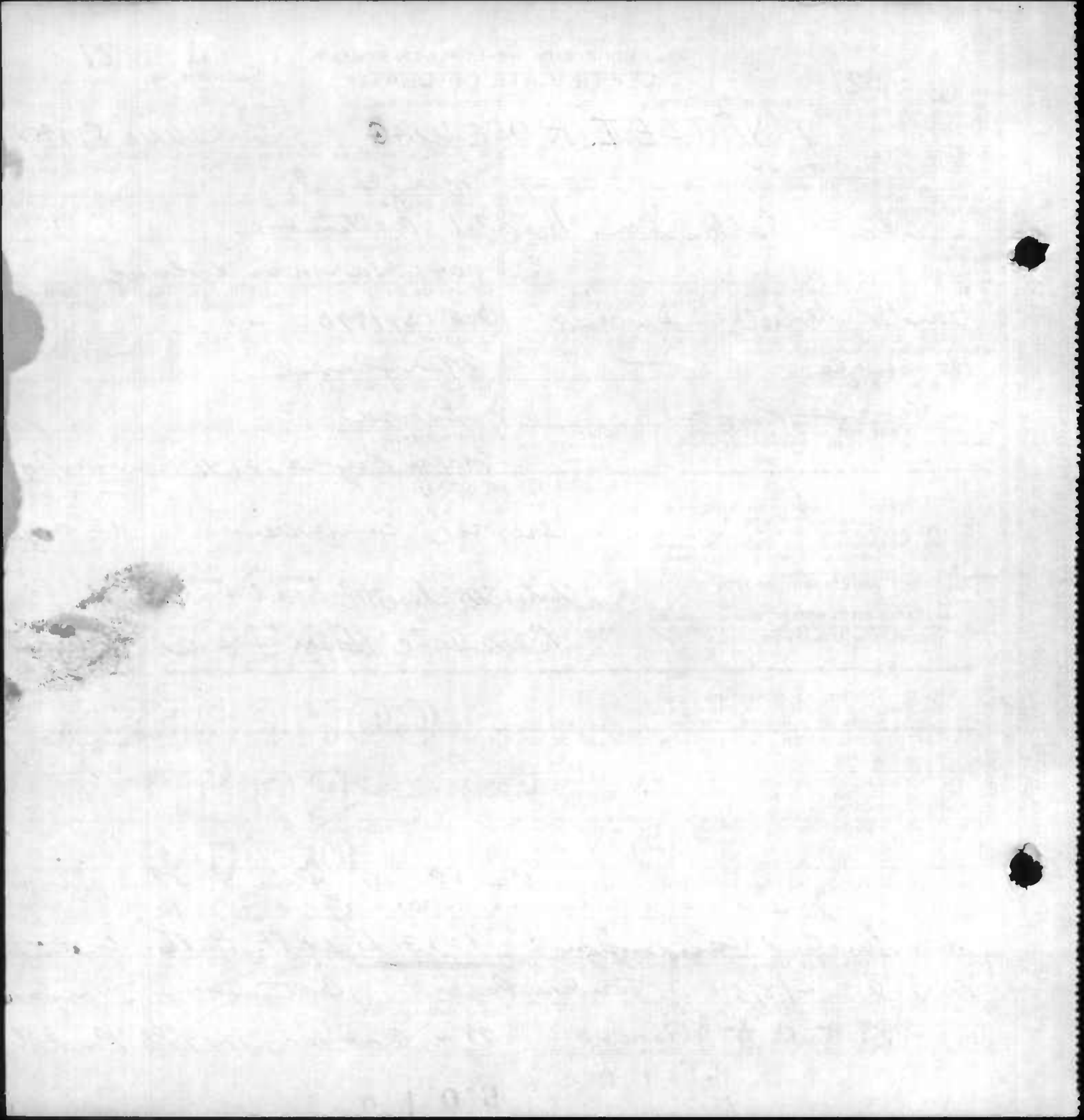
Huntington Williams, M.D.

Wm. Cook, Inc., 1217 E. Paul St.

VS 150

9510005019

93c



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

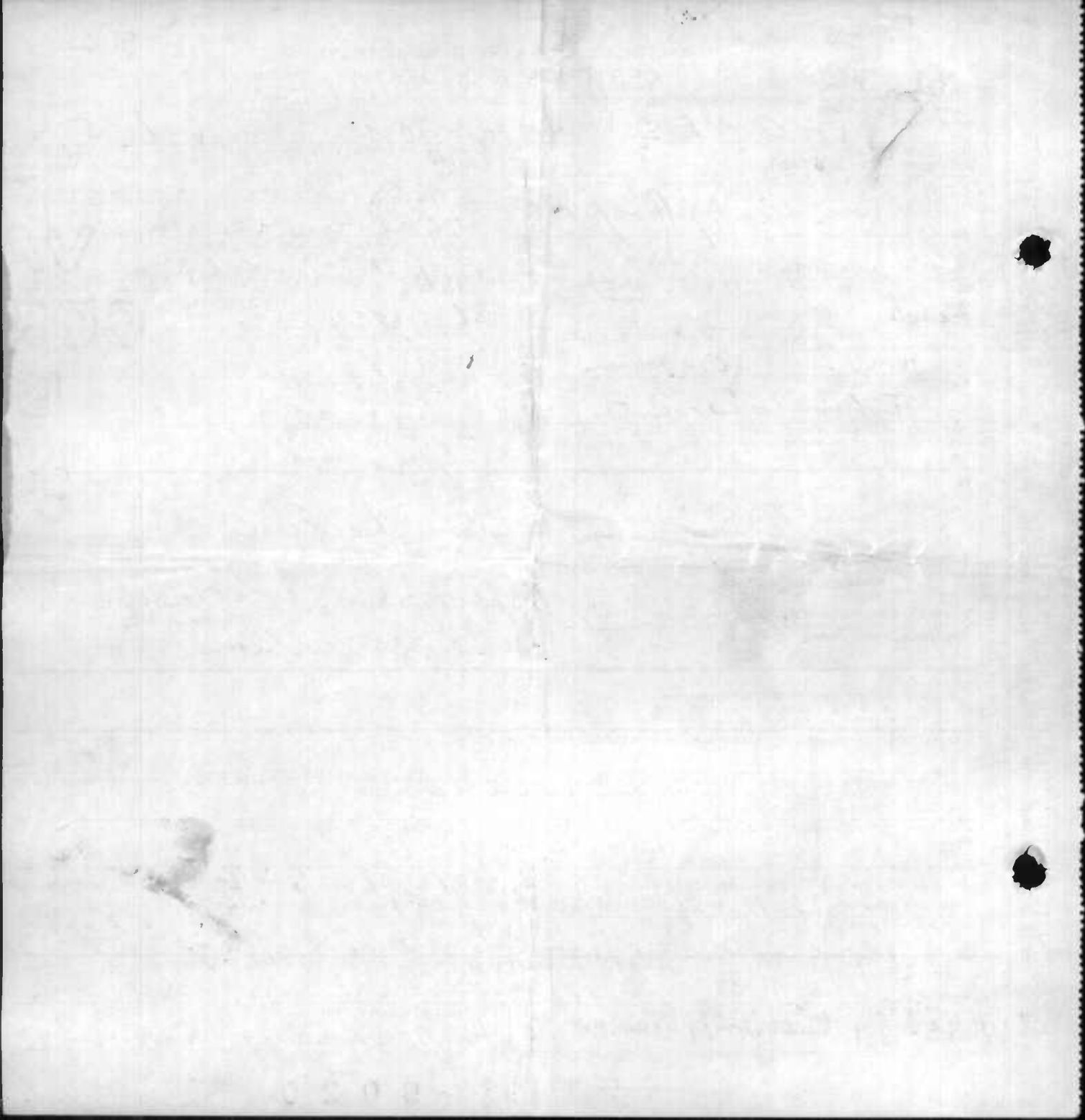
Registered No. 51 5028

BIRTH NO. 51 5028

1. NAME OF DECEASED (Type or Print) <u>AGNES JOHNSON</u>			2. DATE OF DEATH <u>6-1-57</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>University Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore # 20</u>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>Box 73 - Middle River 5300</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb. 15 - 1892</u>	9. AGE (In years last birthday) <u>59</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H. W.</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		
11. BIRTHPLACE (State or foreign country) <u>N. Y.</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Thomas Sankke</u>			14. MOTHER'S MAIDEN NAME <u>Agnes</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Alfred Johnson</u>			ADDRESS		

18. <u>260X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <u>Cardiac failure</u>			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>Hypertensive, cardio-vascular disease</u>	
		(C) <u>Diabetes mellitus</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-31-1957</u> to <u>6-1-1957</u> that I last saw the deceased alive on <u>6-1-1957</u> and that death occurred at <u>9:50 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Virginia Koffe</u>		23B. ADDRESS <u>University Hospital</u>		23C. DATE SIGNED <u>6-1-57</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6-4-57</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Ceme.</u>	
				24D. LOCATION (City, town, or county) (State) <u>German Hill Rd.</u>	
DATE RECEIVED BY <u>JUN 5 - 1957</u>		REGISTRAR'S SIGNATURE <u>William H. Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>John S. Connolly - 418 Eastern Ave.</u>	



N-200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5029

Registered No.

BIRTH NO. 51 5029

1. NAME OF DECEASED (Type or Print) JOSEPH NASH		2. DATE OF DEATH June 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1426 Woodall St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 24-02 D. STREET ADDRESS (If rural, give location) 1426 Woodall St.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) life		c. Length of stay in Baltimore life	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 8/28/1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabaret		10B. KIND OF BUSINESS OR INDUSTRY Bendix Corp.	
13. FATHER'S NAME Joseph Nash		14. MOTHER'S MAIDEN NAME Mariner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 218-05-6496	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		19. DATE OF OPERATION 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-8 , 1951, to 6-2 , 1951 that I last saw the deceased alive on 6-2 , 1951, and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE A. H. Hall		23B. ADDRESS 707 Fort Ave.	
23C. DATE SIGNED 6-4-51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 6/6/51		24C. NAME OF CEMETERY OR CREMATORY Mt Olivet	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Chas. F. Dill	
DATE RECEIVED BY LOCAL REGISTRAR		ADDRESS 1501 E Fort Ave.	

VS 150

1951 97038 5021

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VALLEY
CONFESSION
HOWD

MARGIN RESERVED FOR BINDING

PLEASE WRITE BRIEFLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-162
51 5030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5030
Registered No.

1. NAME OF DECEASED (Type or Print) MARY Spriggs		2. DATE OF DEATH 6/1/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Mel. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Univ. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 23-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 139 W. Hamlet St.	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-19-1865
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME William Hughes		14. MOTHER'S MAIDEN NAME Annie Kellan - Brooks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT WALTER B. Spriggs		18. ADDRESS 139 W Hamlet St	
18. 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Congestive Heart failure Anteroselectatic Heart disease DUE TO (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Peritonitis, appendiceal abscess			
19A. DATE OF OPERATION 6-6-51		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/24 , 19 51 , to 6-1 , 19 51 , that I last saw the deceased alive on 6-1 , 19 51 , and that death occurred at 10:17 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE E. G. O. Brown		23B. ADDRESS Univ. Hosp	
23C. DATE SIGNED 6/1/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-6-51	
24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Center		24D. LOCATION (City, town, or county) (State) Balto. Mel.	
DATE RECEIVED BY JUN 5 - 1951		REGISTRAR'S SIGNATURE Wm. Williams	
25. FUNERAL DIRECTOR Geo. T. A. Gibson		ADDRESS 1735 Daniel Hill Rd	

429-510005022

$$\begin{array}{r} 1340 \\ - 1545 \\ \hline 215 \end{array}$$

$$\begin{array}{r} 1895 \\ - 45 \\ \hline 1850 \end{array}$$

$$\begin{array}{r} 52 \\ - 72 \\ \hline 20 \end{array}$$

AB-148344 F. 630

51 5031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5031
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David Ford

2. DATE
OF
DEATH

5-31-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1604 N. Caroline St. zone 13 9-09

c. Length of stay in Baltimore

26yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married (Separated)

8. DATE OF BIRTH

Feb. 1-1904

9. AGE (in years
last birthday)

47

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stevador

10B. KIND OF BUSINESS OR
INDUSTRY

Water Front

11. BIRTHPLACE (State or foreign country)

South Caroline

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Zak (Zack) Ford

14. MOTHER'S MAIDEN NAME

Sadie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

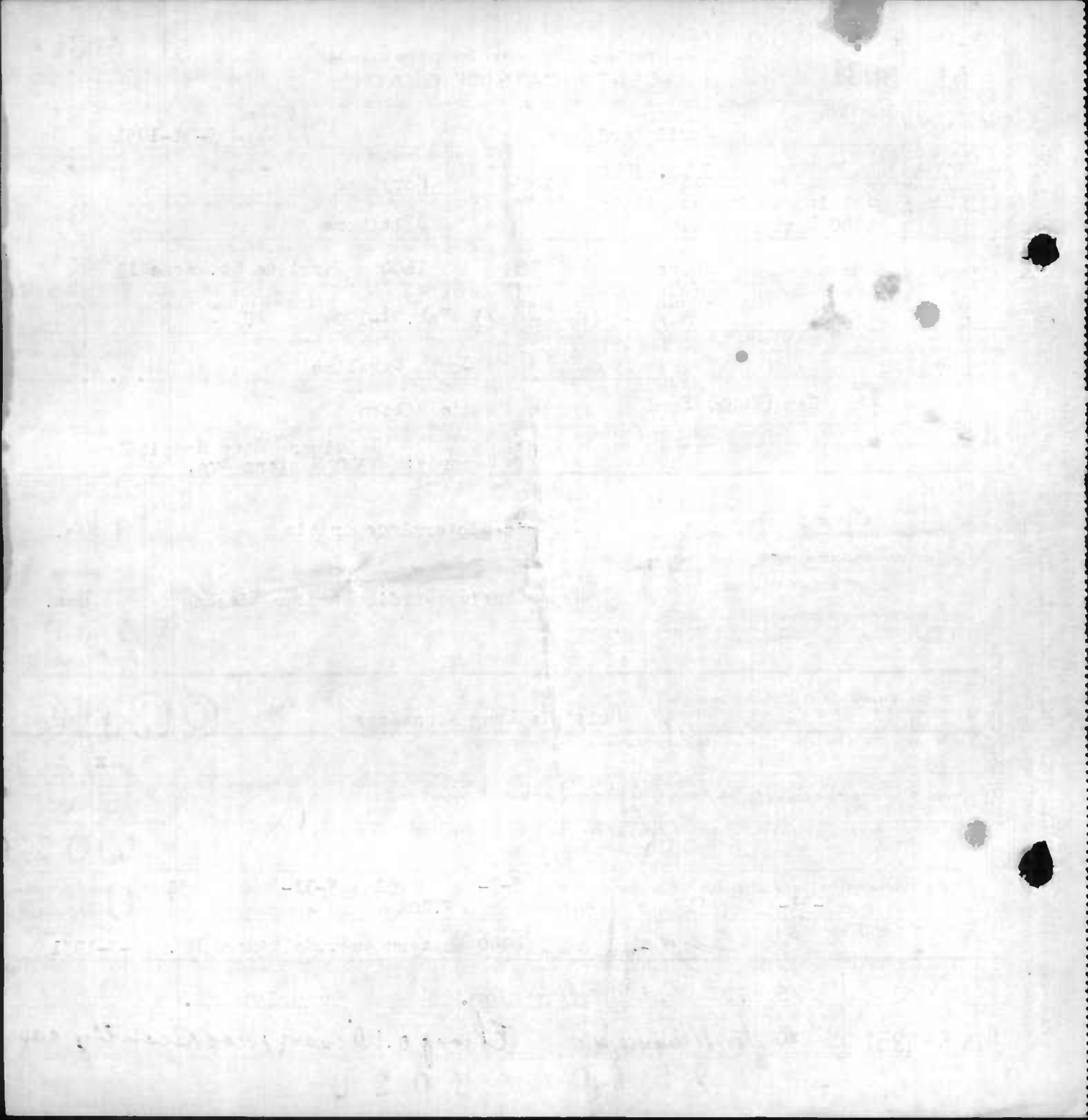
I		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Chronic Glomerulonephritis	6 Mos.
ANTECEDENT CAUSES		(B) Hypertensive Cardiovascular Disease	6 Mos.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Multiple Lung Abscesses	1 Month

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-9-1951, to 5-31-1951 that I last saw the deceased alive on 5-31-1951, and that death occurred at 7.20A m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. H. Rogers		4940 Eastern Ave., Baltimore, Md.		6-3-1951	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/5/1951		Mt Calvary Cem.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
JUN 5-1951		Eugene O. Wilson		1000 Beantley ave	

VS 150

1 9 5 1 0 9 4 8 5 5 0 2 3

121a



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-520
 ND-14893751 5032

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

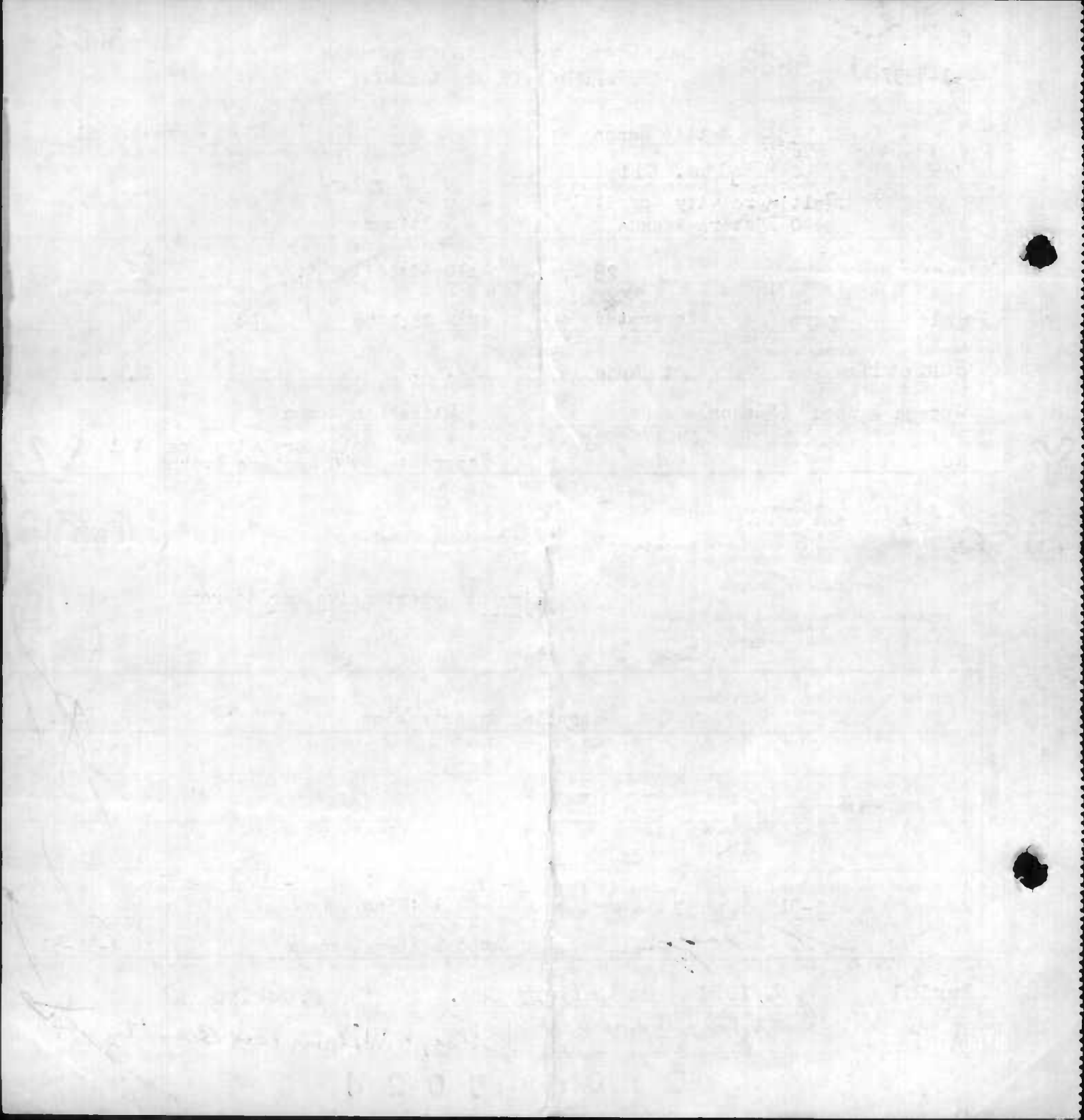
51 5032

Registered No.

1. NAME OF DECEASED (Type or Print) Hattie Nance		2. DATE OF DEATH May 31, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTE) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 28 Yrs		D. STREET ADDRESS (If rural, give location) 110 Aisquith St.	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH July 28, 1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (in years last birthday) 42
13. FATHER'S NAME Joseph Ranson (Rasson)		11. BIRTHPLACE (State or foreign country) W. Va.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Elizabeth Roman	
17. INFORMANT Baltimore City Hospitals		18. 442X CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		INTERVAL BETWEEN ONSET AND DEATH Days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Malignant Hypertensive cardio renal Disease		Wks.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Essential Hypertension		Yrs.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-29 , 19 51 , to 5-31 , 19 51 , that I last saw the deceased alive on 5-31 , 19 51 , and that death occurred at 12:05 am from the causes and on the date stated above.			
23A. SIGNATURE R. Rozen		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 5-31-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/5/1951	
24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 5-1951		REGISTRAR'S SIGNATURE Choy D. Wilson	
VS 150		25. FUNERAL DIRECTOR Choy D. Wilson	

19510005024

131a



PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5033
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ella

Lewis

2. DATE
OF
DEATH June 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

O. STREET ADDRESS (If rural, give location)

1310 E. Lexington St.

c. Length of stay in Baltimore

20 Yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 19.82 68

9. AGE (In years last birthday)

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Houswife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Mary Wormley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Theresa Wormley 1310 Lexington

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUO TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUO TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Deanecker M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED June 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/7/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

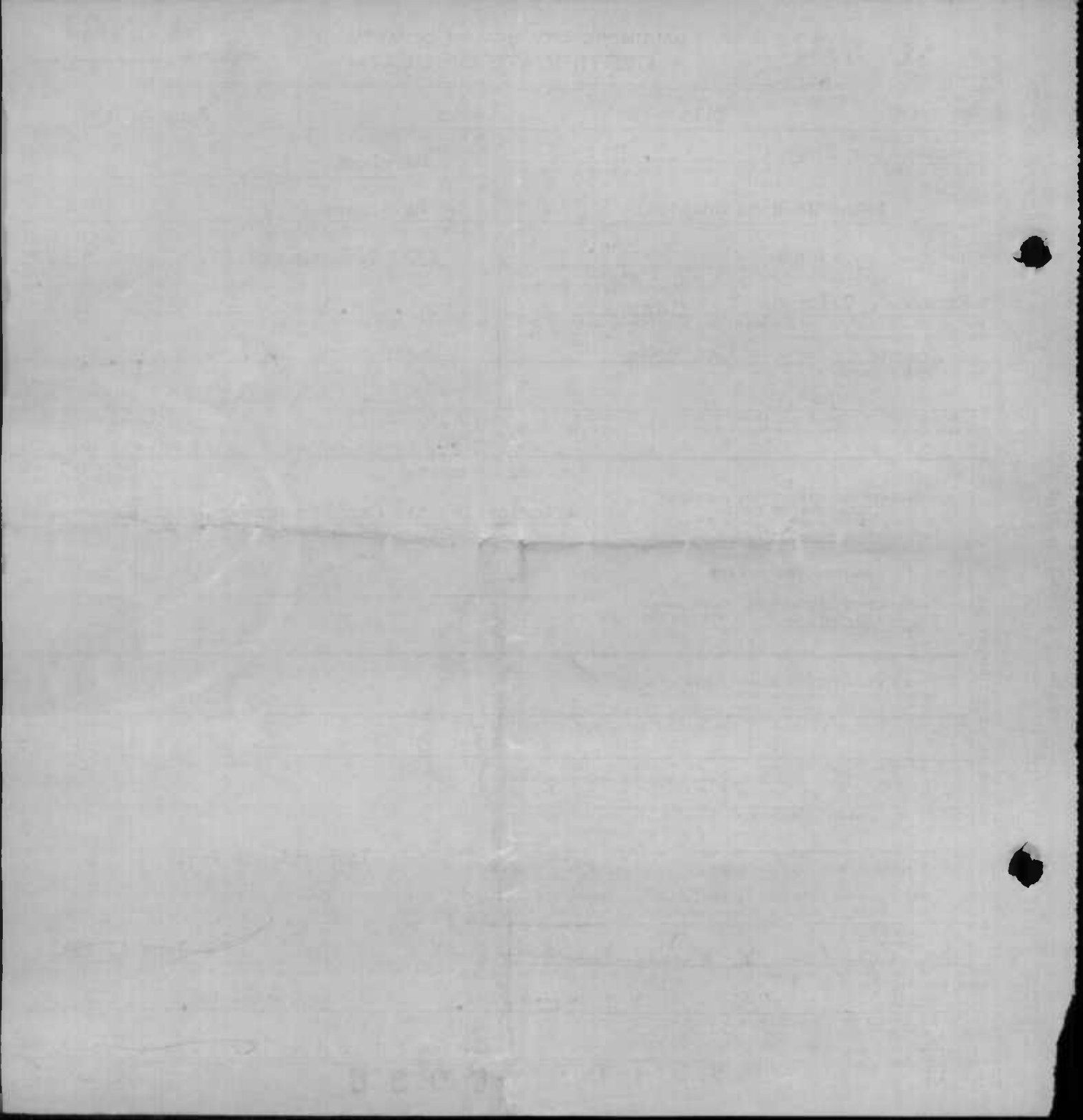
25. FUNERAL DIRECTOR

Theresa Wormley 1001 Bently ave

V S 151

95-10005025

93D



50-16569

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5034
Registered No.

BIRTH NO.

51 5034
11-3401. NAME OF DECEASED
(Type or Print)

Lillie Mae Hudley

2. DATE
OF
DEATH

June 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

H.P.H.

Y.W.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

109 N. E. Peter St 501

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

Female Colored

Child

Aug. 10, 1950

10

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

none

none

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Ebbie Hudley

14. MOTHER'S MAIDEN NAME

Bernice

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 490 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Right Upper Lobe Pneumonia

ANTECEDENT CAUSES

(B)

DUE TO

Hypertension + Dehydration

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-3-1951 to 6-4-1951, that I last saw the deceased alive on 6-4-1951 and that death occurred at 9:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Robert E. Gural

M. D.

THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/6/51

Mt Calvary Cem.

Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5-1951

Wm. J. Thomas, Jr.

Elroy S. Wilson 1000 Brantly way

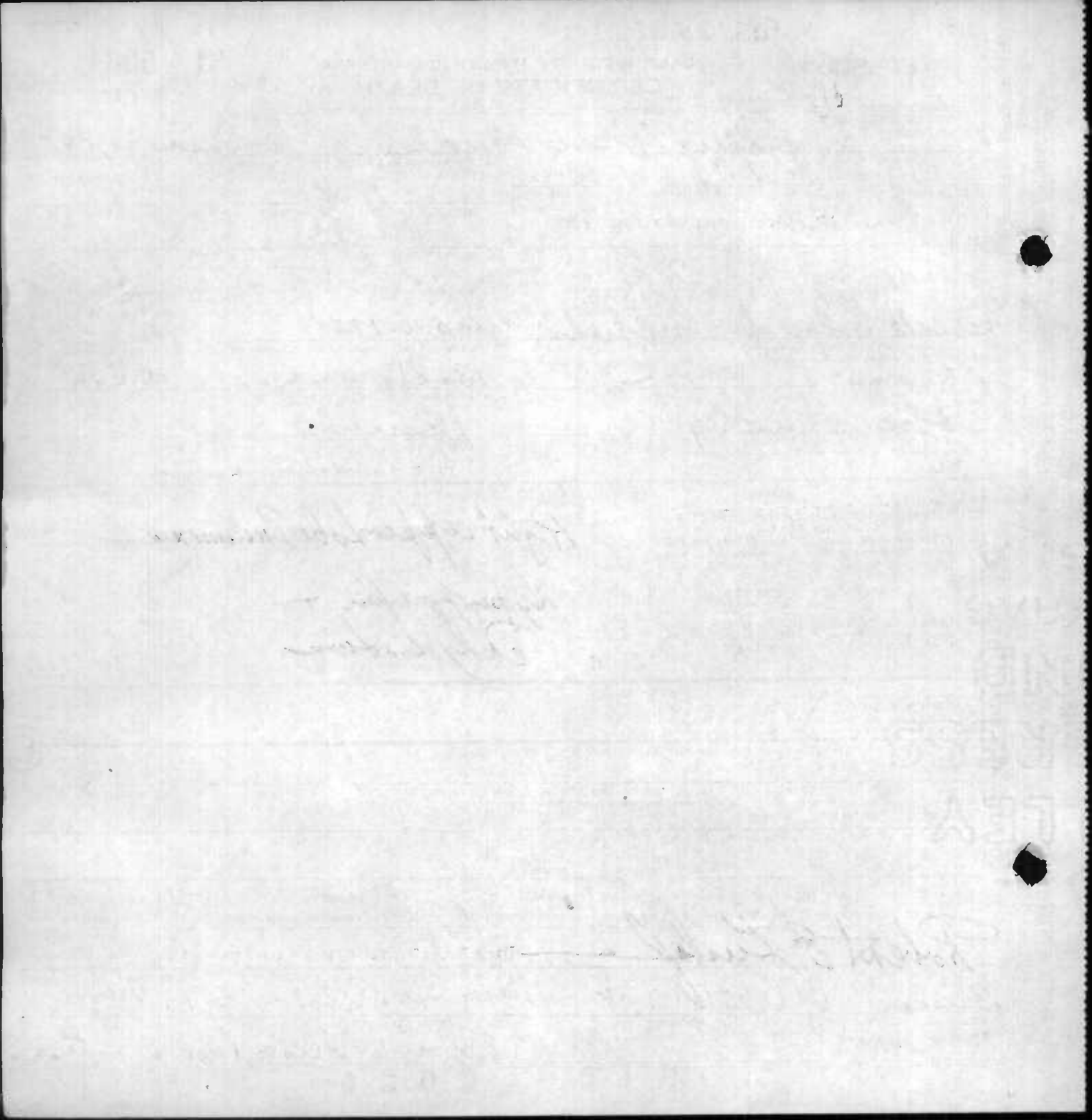
VS 150

19510005026

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5035

BIRTH NO.

51 5035 D-120

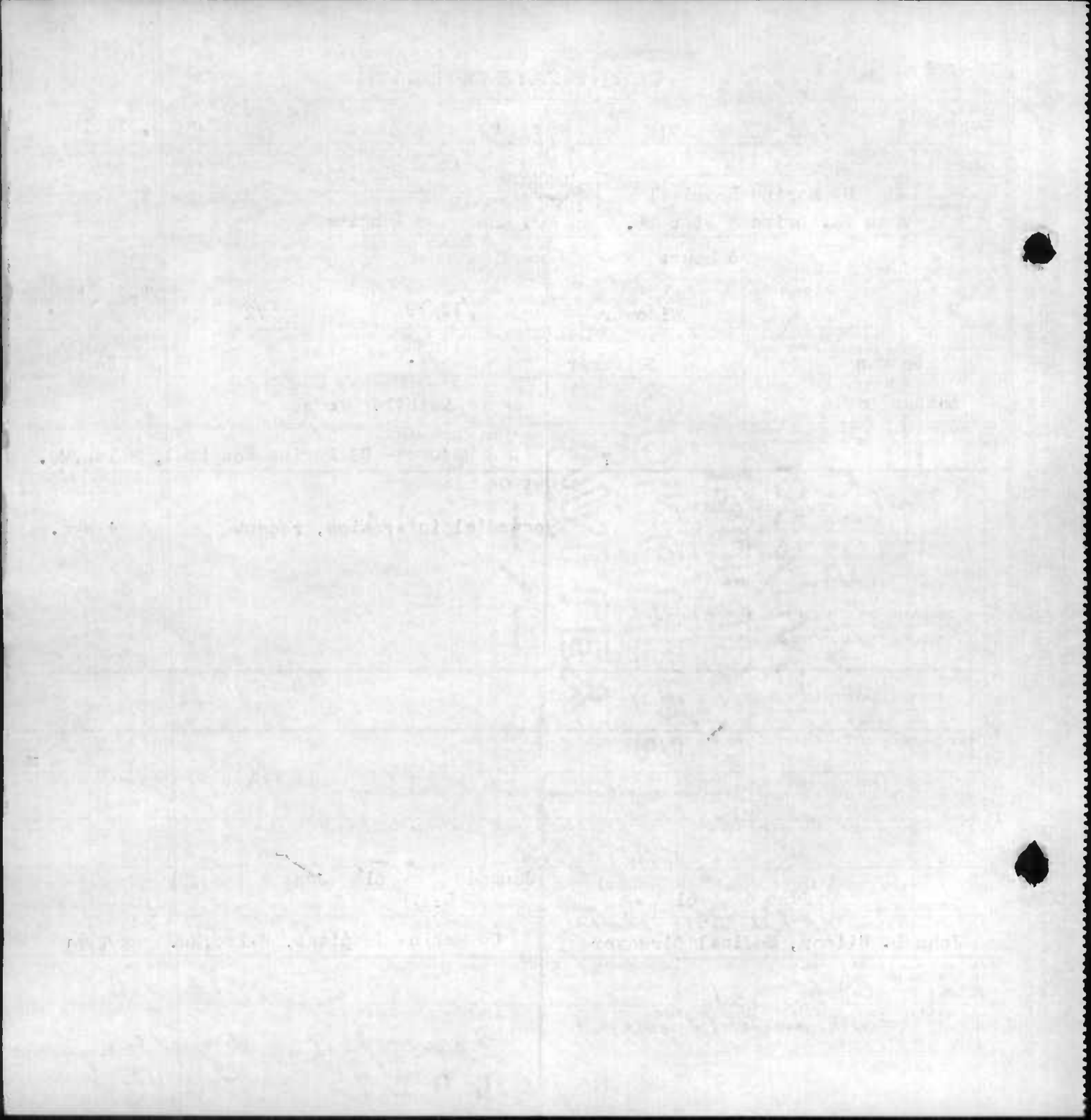
1. NAME OF DECEASED (Type or Print) JOHN ALLEN DAVIS			2. DATE OF DEATH June 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION US Marine Hospital Wyman Pk. Drive & 31st St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Virginia B. COUNTY V-43		
c. Length of stay in Baltimore 6 hours			D. STREET ADDRESS (If rural, give location)		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 3/12/79		9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Nathan Davis			14. MOTHER'S MAIDEN NAME Mathilda Dodge		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction, recent DUE TO (A) Myocardial infarction, recent DUE TO (B) Myocardial infarction, recent DUE TO (C) Myocardial infarction, recent		INTERVAL BETWEEN ONSET AND DEATH 4 wks.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 4, 1951 to June 4, 1951 , that I last saw the deceased alive on June 4, 1951 and that death occurred at 8:47 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 6/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 6/5/51		24C. NAME OF CEMETERY OR CREMATORY Crisfield Md	
24D. LOCATION (City, town, or county) (State) Crisfield Md		24E. FUNERAL DIRECTOR Darwood & Covington		24F. ADDRESS Darwood & Covington	

VS 150

1951 60731 555 0 2 7 Crisfield Md 94a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5036

Registered No.

BIRTH NO. 51 5036

1. NAME OF DECEASED (Type or Print) SUSIE E. TOPPER			2. DATE OF DEATH June 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 519 Collins Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 519 Collins Ave. 20-08.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr. 10, 1892	9. AGE (in years last birthday) 59	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME David Stem			14. MOTHER'S MAIDEN NAME Sarah Lambert		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Miss Bessie Stem - 519 Collins Ave.			ADDRESS		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Arteriosclerosis (B) DUE TO		12 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

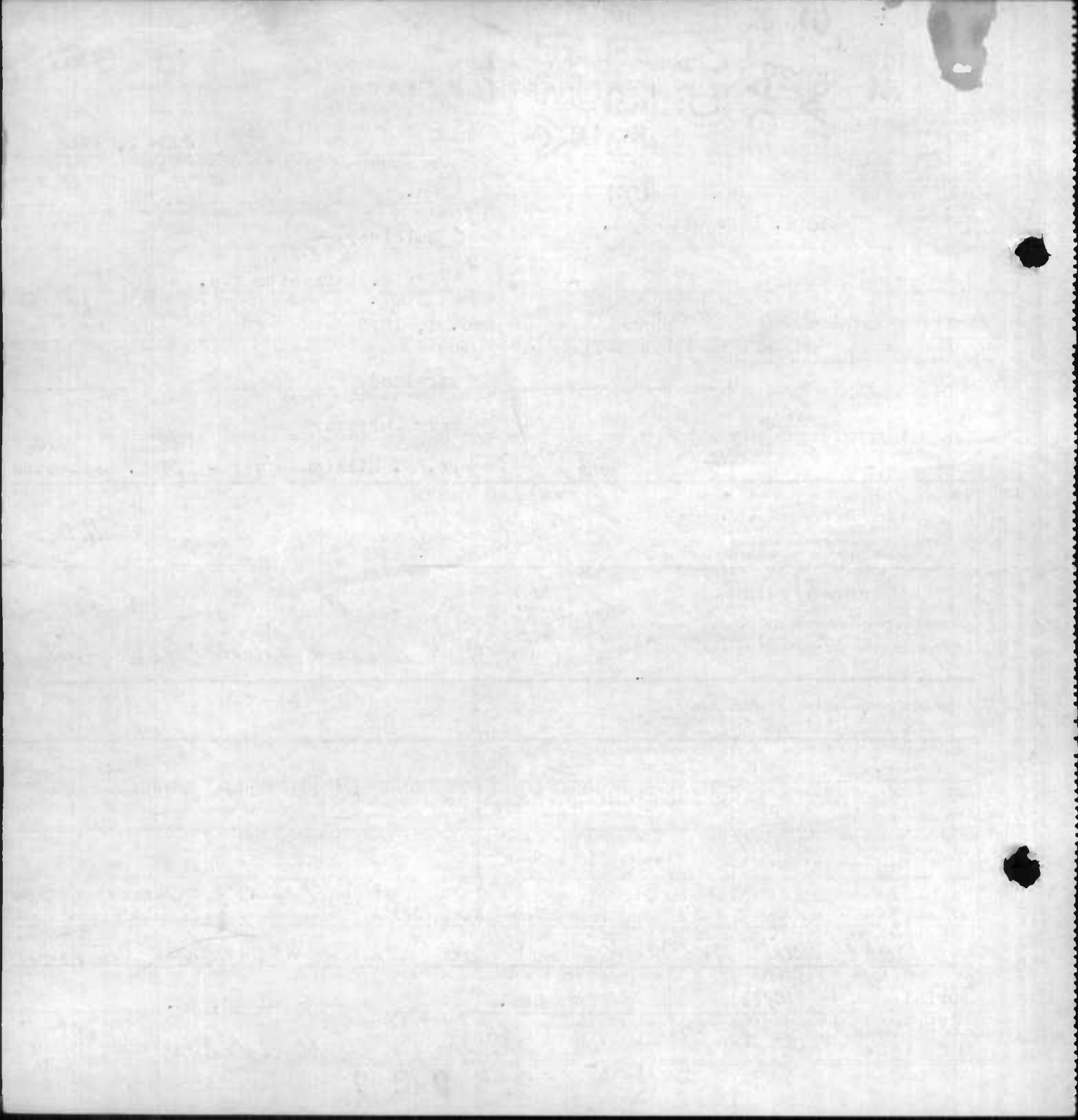
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1950 to June 4, 1951 that I last saw the deceased alive on June 4, 1951 and that death occurred at 11:15 p.m. from the causes and on the date stated above.					
23A. SIGNATURE Walter H. Hines		23B. ADDRESS 1501 Euterpe Pl		23C. DATE SIGNED 6/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/7/51		24C. NAME OF CEMETERY OR CREMATORY Pipe Creek	
24D. LOCATION (City, town, or county) (State) Carroll Co., Md.		25. FUNERAL DIRECTOR Wm. J. Sikes & Sons			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

m-620		BALTIMORE CITY HEALTH DEPARTMENT		51 5037	
BIRTH NO. 51 5037		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)			M. LILLIAN MAIRS		2. DATE OF DEATH June 3, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 226 E. Lafayette Ave. 12-05		
B. FULL NAME OF HOSPITAL OR INSTITUTION 226 E. Lafayette Ave.			c. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 1, 1870	9. AGE (in years last birthday) 80	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ? Landing			14. MOTHER'S MAIDEN NAME Mary Burgess		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Ave Mrs. M. Lillian Gaver - 226 E. Lafayette		
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Cardiac Decompensation DUE TO (B) Chr. Myocarditis DUE TO (C) Chr. generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. Indefinite Indefinite
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 1950 to June 3, 1951, that I last saw the deceased alive on June 3, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Nathaniel M. Beck		23B. ADDRESS 100 E. 23rd St Baltimore, Md.		23C. DATE SIGNED June 4, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/6/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) Woodlawn, Md.		25. FUNERAL DIRECTOR Wm. J. Lickens		ADDRESS Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 - 1951		REGISTRAR'S SIGNATURE [Signature]		VS 150	

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

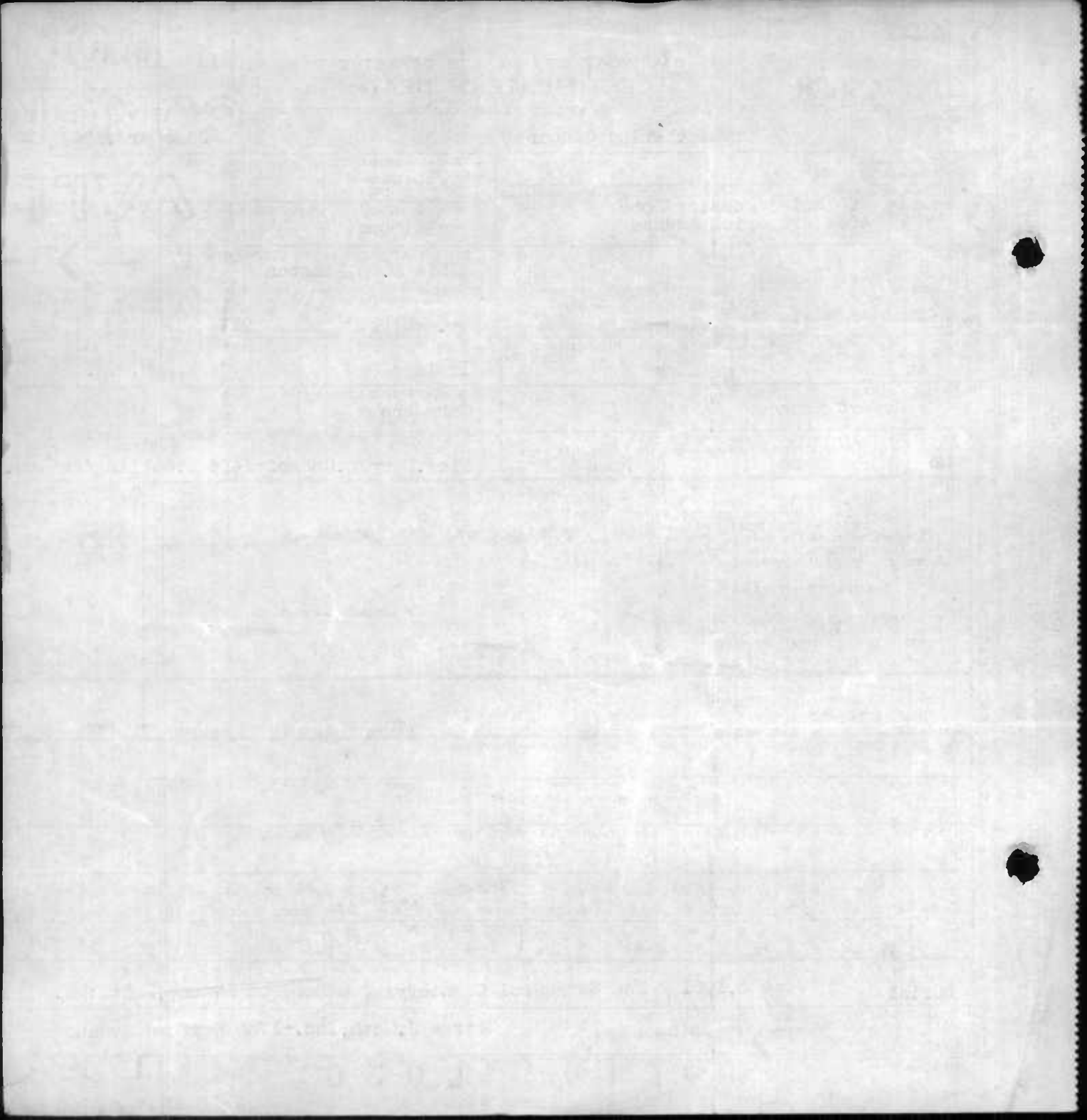
51 5038
Registered No.

BIRTH NO. 51 5038

1. NAME OF DECEASED (Type or Print)		Mary Catherine Connor		2. DATE OF DEATH June 3rd. 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Nursing Home 4506 Frederick Avenue		C. CITY OR TOWN Baltimore		B. COUNTY 8-04	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1514 N. Collington			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 4th 1859	9. AGE (In years last birthday) 91	If Under 1 Year Months: Days: Hours: Min. 6 29
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Ireland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Edward Dunne			
14. MOTHER'S MAIDEN NAME Mary Brown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			
16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Miss. Mary C. Connor-1414 N. Collington Ave.			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Cerebral Hemorrhage ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Chr. Hypertension (C) Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH May 12-51 1945 1945					II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 12, 1951, to June 3, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE William J. Lechman		23B. ADDRESS 3426 Park Ave. M. D.		23C. DATE SIGNED June 8-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 3, 1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24D. LOCATION (City, town, or county) (State) Edmondson Avenue, Balto: Md.		25. FUNERAL DIRECTOR ADDRESS George J. Ruth, Inc.-1735 Harford Avenue			

DATE RECEIVED BY LOCAL REGISTRAR
JUN 5-1951

REGISTRAR'S SIGNATURE
William J. Lechman



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 5039

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY A. HAMMOND

2. DATE
OF
DEATH

6-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL, BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

COOKSVILLE

C. Length of stay in Baltimore

Yrs.
Mos.
Days

6300

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-6-96

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

UNEMPLOYED LABORER - CANNERY (M)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN HAMMOND

14. MOTHER'S MAIDEN NAME

MARY VONES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

220-12-7305

17. INFORMANT

HOSP. RECORDS

ADDRESS

18. **I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) CARCINOMA, LEFT LUNG
DUE TO C CEREBRAL METASTASES

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16-1951 to 6-3-1951, that I last saw the deceased alive on 6-3-1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John W. Stover

M. D.

23B. ADDRESS

Albion Hosp Building

23C. DATE SIGNED

6-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-7-51

24C. NAME OF CEMETERY OR CREMATORY

West Liberty

24D. LOCATION (City, town, or county)

Alpha, Howard, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 5-1951

REGISTRAR'S SIGNATURE

Tunstetter Williams, M.D.

25. FUNERAL DIRECTOR

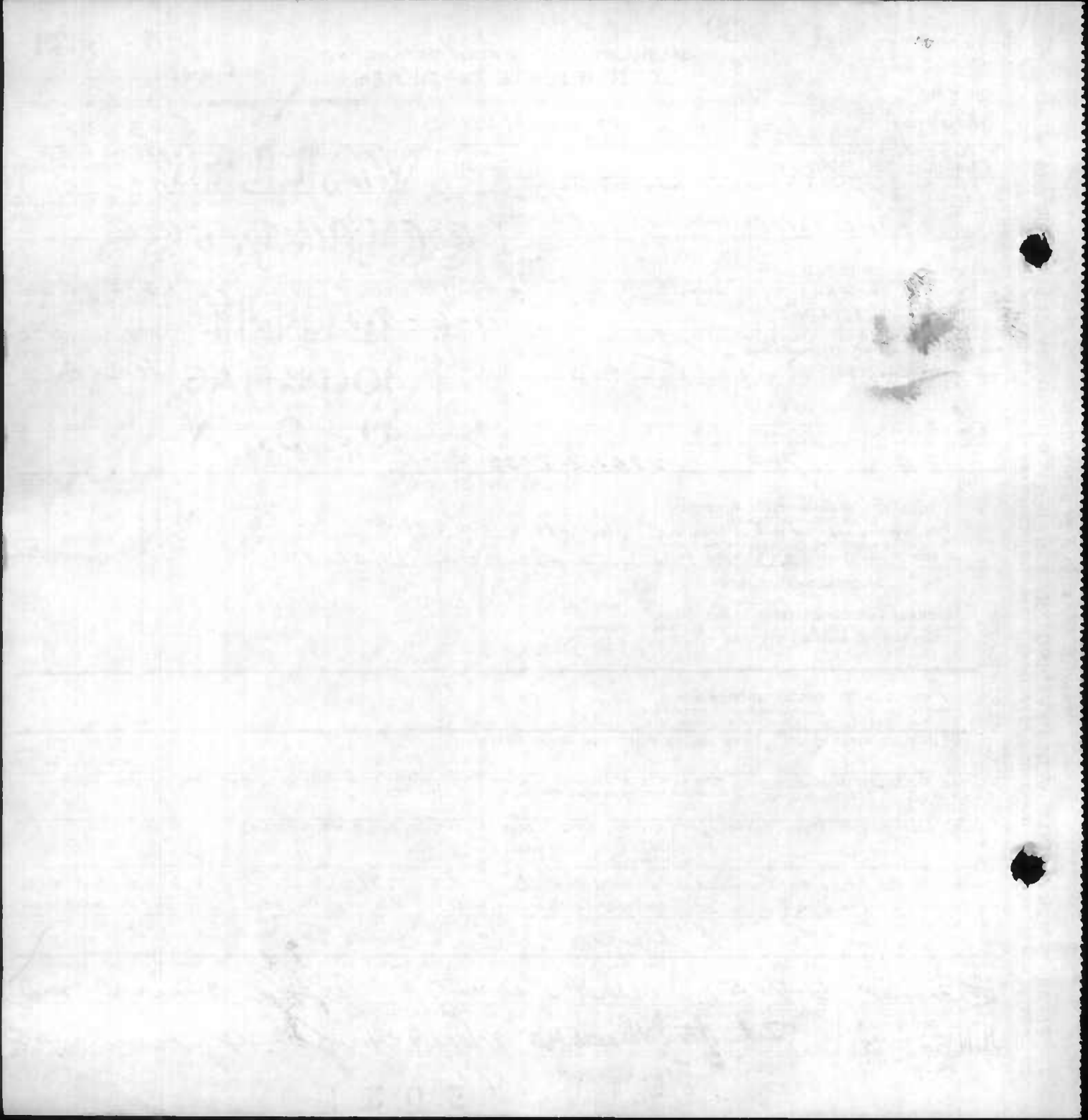
Warr & Haight - Hyattsville, Md.

ADDRESS

VS 150

1951 JUN 7 9 20 AM '51

47D



H-325 51 5040

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5040

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MC KINLEY HUTCHINS

2. DATE
OF
DEATH

June 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION
US Marine Hospital
Wyman Pk. Drive & 31st St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Solomons

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

7 37 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

6/15/00

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Summyset Hutchins

14. MOTHER'S MAIDEN NAME

Nannie Coats

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

2

16. SOCIAL
SECURITY NO.
216-09-7537

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18.

163X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CARCINOMA of lung (right)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

8 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 18, 1951, to June 4, 1951, that I last saw the
deceased alive on June 4, 1951 and that death occurred at 11:10 PM from the causes and on the date stated above.

23A. SIGNATURE

James J. Callaway, M.D.

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

6/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/17/07

24C. NAME OF CEMETERY OR CREMATORY

St Johns

24D. LOCATION (City, town, or county) (State)

Lusby Calverton Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 6 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

P. E. Sewell Prince Frederick Md

VS 150

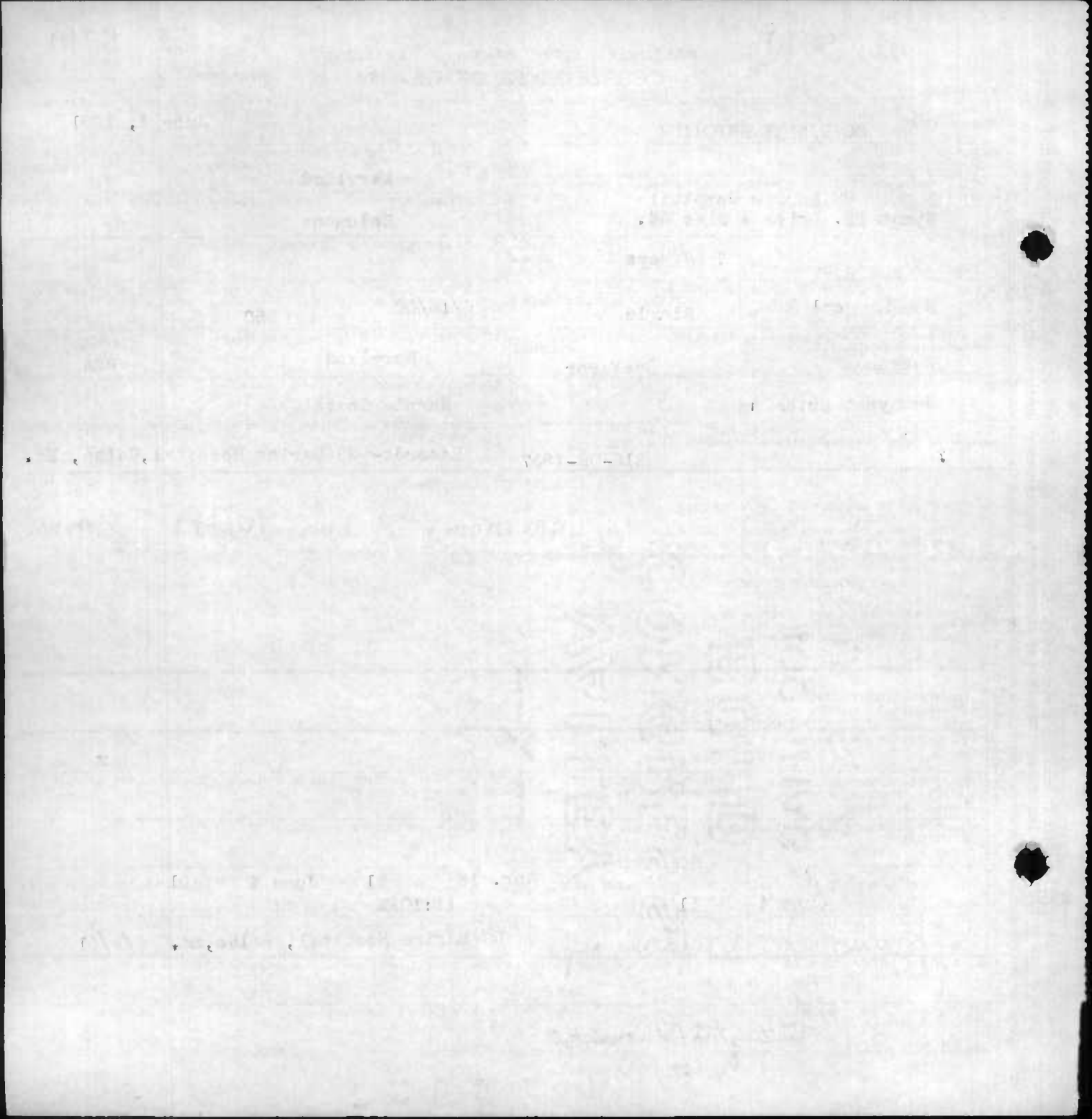
9-5-1 653 55032

477

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51 5841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5841

Registered No.

BIRTH NO.

K-652

1. NAME OF DECEASED
(Type or Print)

Mike Kornechuk

2. DATE
OF
DEATH

6.2.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2340 Barclay Street. 12-04

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

October 4, 1891

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis

14. MOTHER'S MAIDEN NAME

Oxanne Prebisch.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cirrhosis of liver.

DUE TO

ANTECEDENT CAUSES

(B)

Chronic alcoholism

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Terminal bronchopneumonia

4 days

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-26 1951, to 6-2 1951, that I last saw the
deceased alive on 6-2 1951, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Salvatore Baklous

M. D.

23B. ADDRESS

Maryland General Hospital 6/3/51

23C. DATE SIGNED

6/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 6-51

Holy Trinity Russian

6 Bridge Rd

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

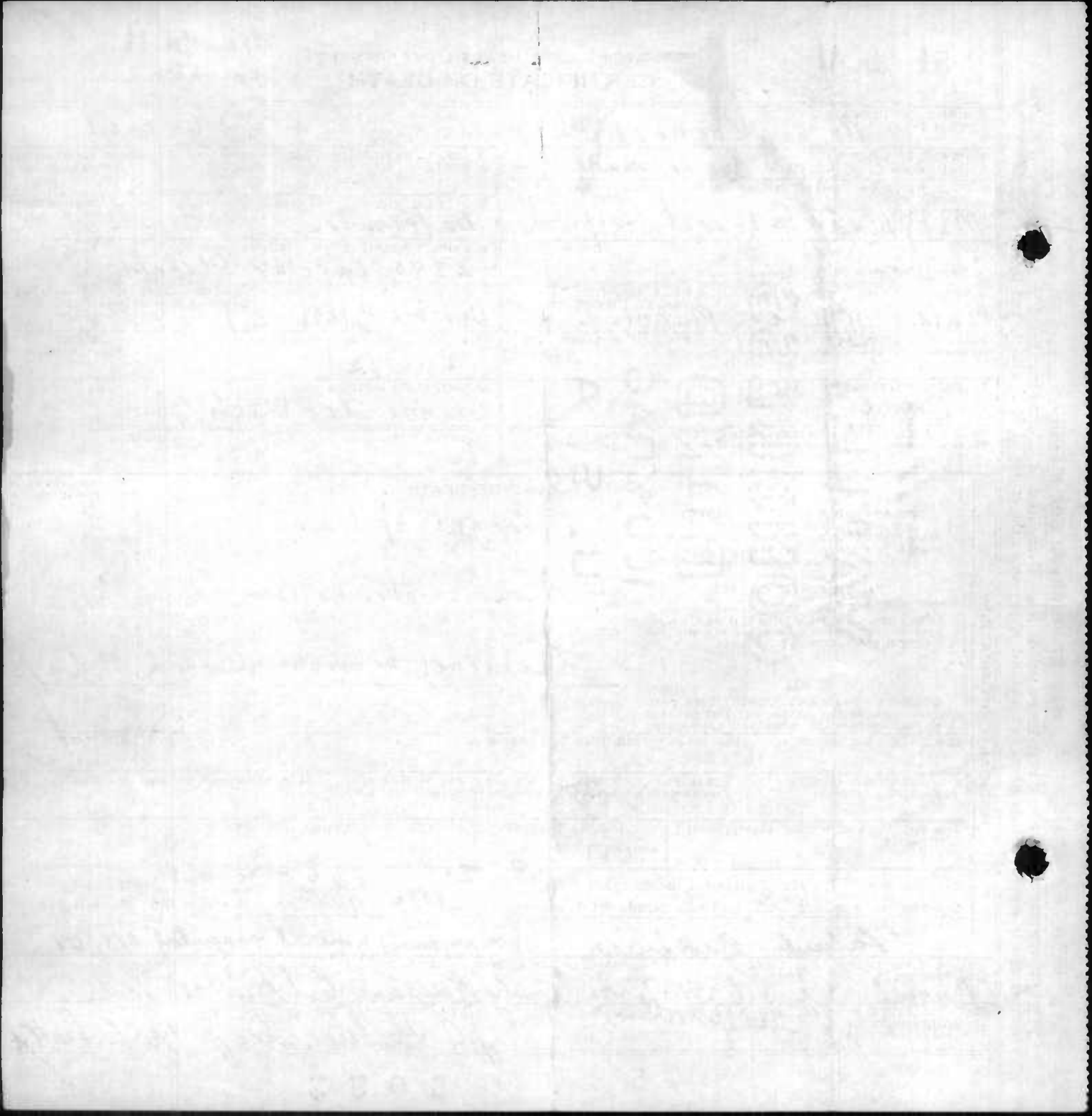
25. FUNERAL DIRECTOR

ADDRESS

JUN 6 1951

J. A. Prebisch

J. A. Prebisch 1905 E. Pratt St



51 5042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5042

Registered No.

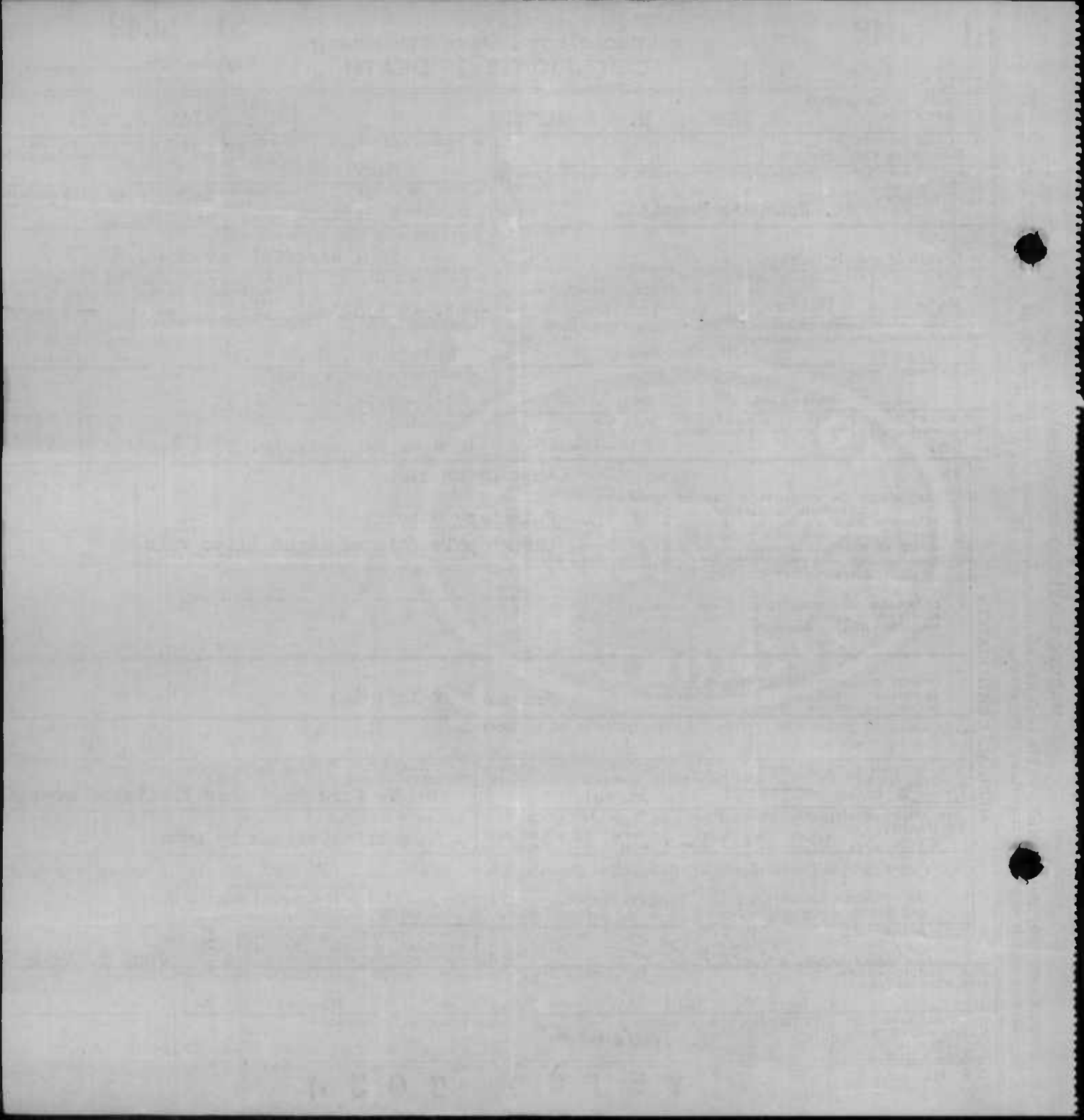
BIRTH NO. <i>M-365</i>		1. NAME OF DECEASED (Type or Print) JOHN H. MATTERN		2. DATE OF DEATH June 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		D. STREET ADDRESS (If rural, give location) 2801 Westfield Avenue		<i>27-07</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		6. DATE OF BIRTH Sept. 19, 1878		9. AGE (In years last birthday) 72 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10B. KIND OF BUSINESS OR INDUSTRY Bakery		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John H. Mattern		14. MOTHER'S MAIDEN NAME Fredericka -			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. 215-03-8404		17. INFORMANT John H. Mattern, Jr. 2801 Westfield Ave	
18. <i>E812.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary embolus DUE TO thrombophlebitis of right iliac vein		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of left leg		(B) DUE TO		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Old Harford Road near Fleetwood Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 24, 1951 3:43 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE <i>William V. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED June 5, 1951		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jun. 7, 1951	
24C. NAME OF CEMETERY OR CREMATORY Morelane Memo Park		24D. LOCATION (City, town, or county) (State) Parkville, Md.		25. FUNERAL DIRECTOR Ullrich Funeral Home 2008 Orleans t.,	
DATE RECEIVED BY LOCAL REGISTRAR JUN 6-1951		REGISTRAR'S SIGNATURE <i>William V. [Signature]</i>		ADDRESS	

VS 151

N 821.2

9 5 508 44 5034

170c



51 5043

51 5043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. J-1501. NAME OF DECEASED
(Type or Print)

THERESA JOVAN

2. DATE
OF
DEATH June 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1623 Gorsuch Ave.,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1623 Gorsuch Ave.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

9-07

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 21, 1891

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George Jovan 1623 Gorsuch Ave.,

18. 193x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Terminal Bronchopneumonia

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

cerebral neoplasm

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to June 3, 1951, that I last saw the deceased alive on June 3, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Roosin

M. D.

23B. ADDRESS

206 S. Gilmer St

23C. DATE SIGNED

6-4-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

June 6, 1951

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lester J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Hilitch Funeral Home 2008 Orleans St.

JUN 5 1951

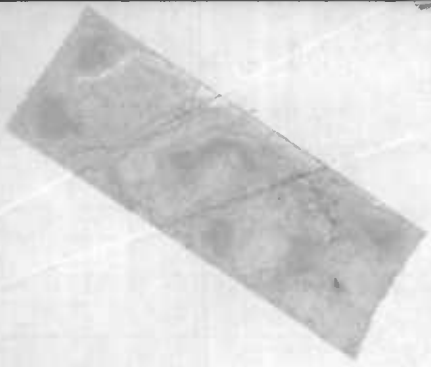
19510005035

5412

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51 5044

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5044

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN CHRISTIAN

2. DATE
OF
DEATH

6/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hosp. of Maryland

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE (24)

D. STREET ADDRESS (If rural, give location)

705 S. Grundy St. 26-09

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

July 24 1878

9. AGE (In years
last birthday)

72

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ASSIST. SUPERINTENDANT

10B. KIND OF BUSINESS OR
INDUSTRY

CANNING CO.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(M)

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Louis L. Wolf 705 S. Grundy

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ACUTE HEPATIC FAILURE -
cirrhosis

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ASCVD

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) old myocardial infarction
amputation, mid thigh, etc.1 yr.
3 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 6/2, 1951, to 6/3, 1951, that I last saw the
deceased alive on 6/3, 1951, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Mirino S. Daly

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

6/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

June 6, 1951

Parkwood

Parkville Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

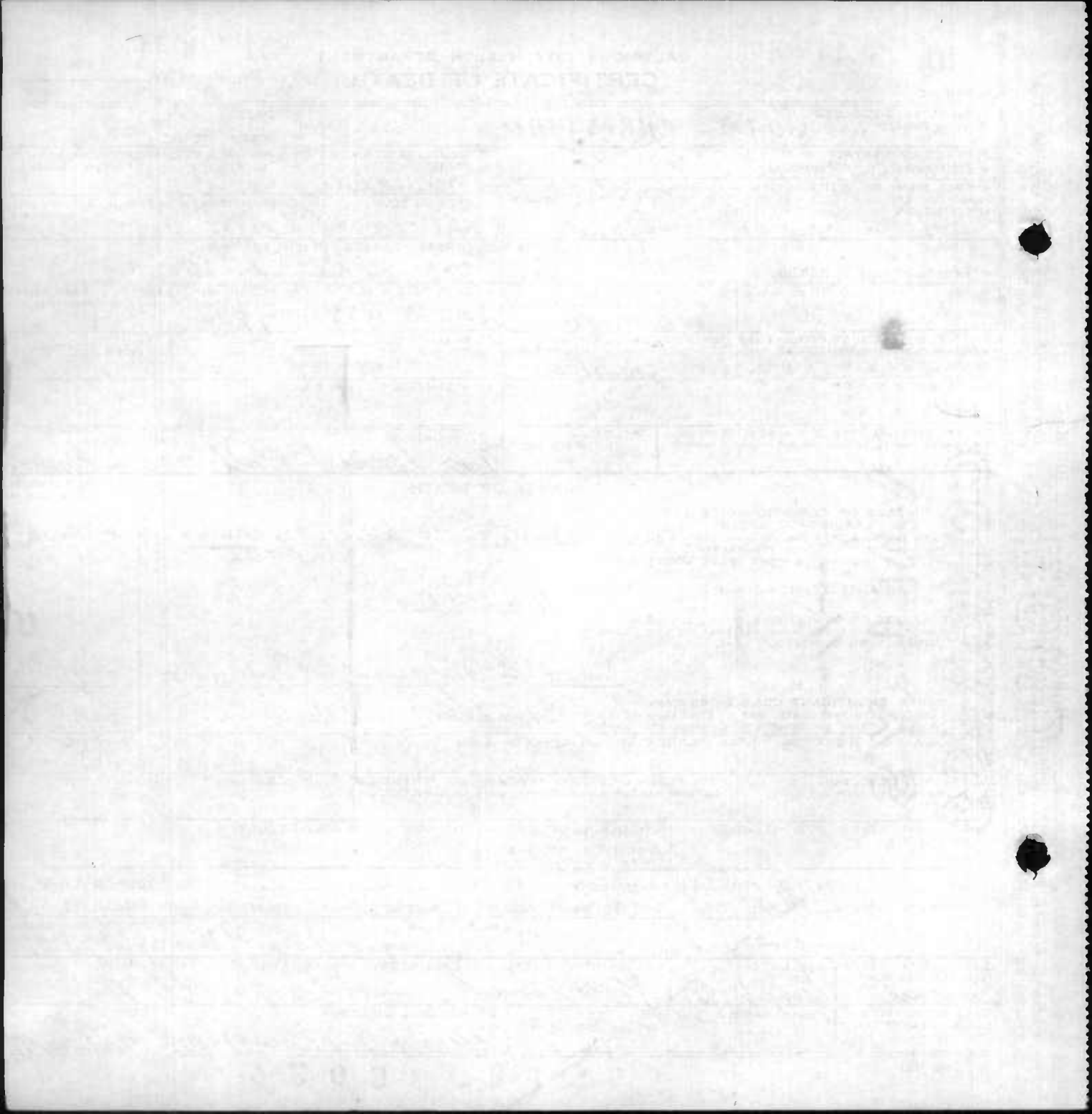
VS 150

19291042005036

124B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 5045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

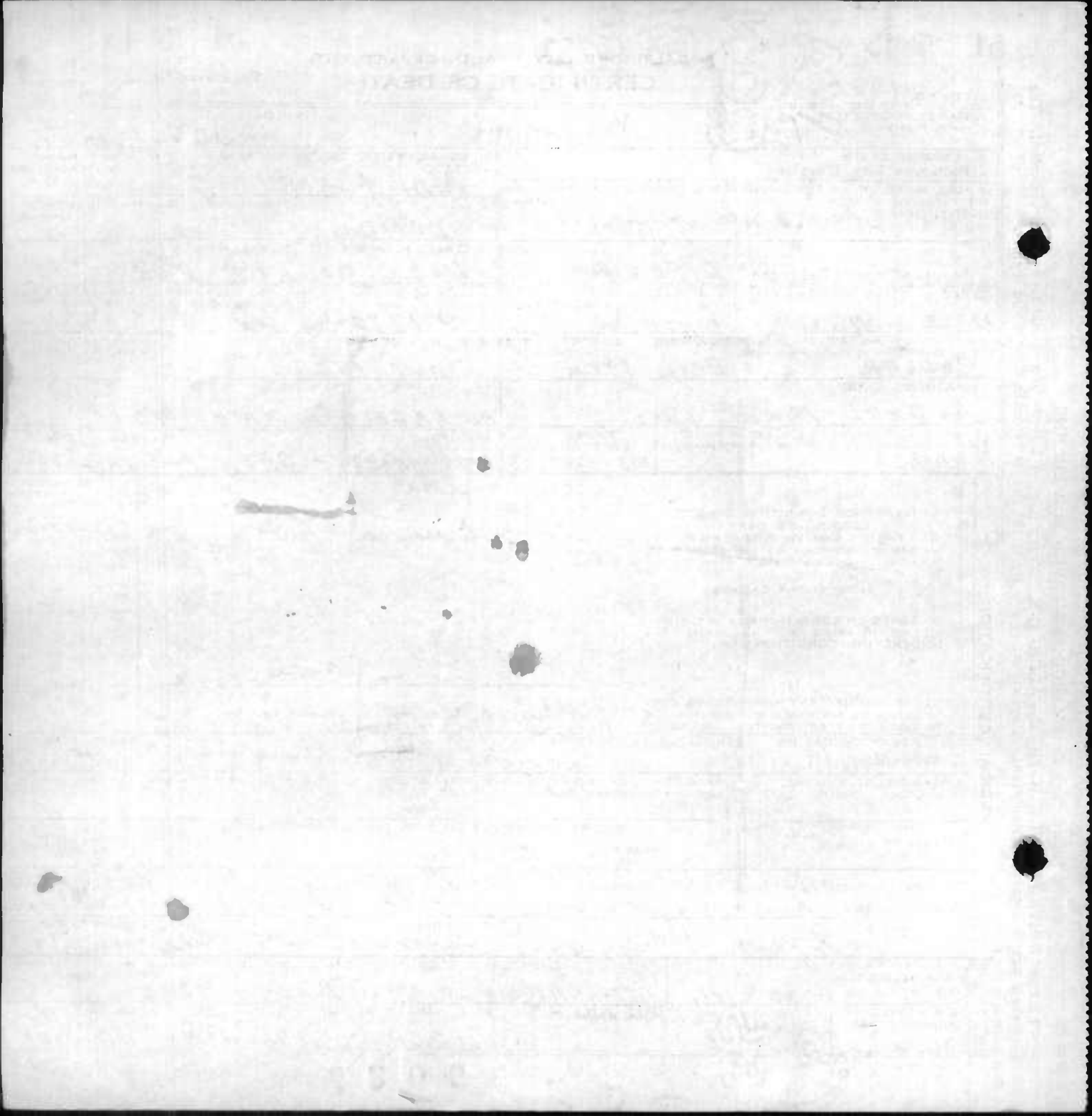
51 5045

Registered No. _____

BIRTH NO. <i>M-635</i>		2. DATE OF DEATH <i>JUNE 4, 1957</i>	
1. NAME OF DECEASED (Type or Print) <i>Peter Martini</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>DUNDALK</i> <i>5300</i>	
c. Length of stay in Baltimore <i>LIFETIME</i>		D. STREET ADDRESS (If rural, give location) <i>229 COLGATE AVE</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>DIVORCED</i>	8. DATE OF BIRTH <i>JAN 29, 1884</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>ROLLER</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>BETH. STEEL CO.</i>	9. AGE (In years last birthday) <i>67</i>	11. BIRTHPLACE (State or foreign country) <i>BALTIMORE</i>
13. FATHER'S NAME <i>ALBERT MARTINI</i>	14. MOTHER'S MAIDEN NAME <i>ELIZABETH ZIMMERMAN</i>	12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>	16. SOCIAL SECURITY NO. <i>213-07-0863</i>	17. INFORMANT <i>MRS. HAZEL E. BETKEY-S. TAYLOR</i>	ADDRESS <i>306 62</i>
18. <i>163 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Lung, left</i>		INTERVAL BETWEEN ONSET AND DEATH <i>about 18 hrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Fibrosis and aneurysmal dilatation of left ventricle due to coronary sclerosis</i>			
19A. DATE OF OPERATION <i>June 4, 1957</i>		19B. MAJOR FINDINGS OF OPERATION <i>Tumor of left lung</i>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 3, 1957</i> to <i>June 4, 1957</i> , that I last saw the deceased alive on <i>June 4, 1957</i> and that death occurred at <i>4:15 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Theron H. Howard</i>		23B. ADDRESS <i>Church Home Hospital</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>JUNE 8, 1957</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel</i>		24D. LOCATION (City, town, or county) (State) <i>BALTIMORE</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 6 - 1957</i>		25. FUNERAL DIRECTOR <i>ULLRICH FUNERAL HOME DUNDALK</i>	

195 690 3A 5037

470



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GARY NEIL BAILEY

2. DATE
OF
DEATH

6-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

HANOVER

D. STREET ADDRESS (If rural, give location)

Route 1, Box 14A - 5200

c. Length of stay in Baltimore

3

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-31-51

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Vernon Elmer Bailey

14. MOTHER'S MAIDEN NAME

MARY PATRICIA Kemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

776x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Prematurity (6 months)

(A) DUE TO

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from May 31, 1951, to June 4, 1951, that I last saw the
deceased alive on June 4, 1951, and that death occurred at 8 A. M. from the causes and on the date stated above.

23A. SIGNATURE

C. J. Castelleau

M. D.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

6.4.51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/6/51

24C. NAME OF CEMETERY OR CREMATORY

Wahl Chapel

24D. LOCATION (City, town or county)

Wahl Chapel Road
Hanover Md 21076

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

none

ADDRESS

JUN 6-1951

5030

Hanover Md

159

CERTIFICATE OF DATA

(Name of the person or persons who have collected the data)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELIZABETH WEBSTER

2. DATE
OF
DEATH

June 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

100 W. Cold Spring Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1716 N. Broadway

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 9, 1870

9. AGE (in years
last birthday)

80

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Alexander McIntyre

14. MOTHER'S MAIDEN NAME

Charolette Petrie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT Seminary Ave. Lutherville
George L. Webster

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertension, Coronary Vascular
Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 40 to Jun 3, 1951 that I last saw the
deceased alive on Jun 2, 1951 and that death occurred at 6P m., from the causes and on the date stated above.

23A. SIGNATURE

Fritz G. Kinsley

M. O.

23B. ADDRESS

2700 Harbor Road

23C. DATE SIGNED

JUN 4 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/6/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

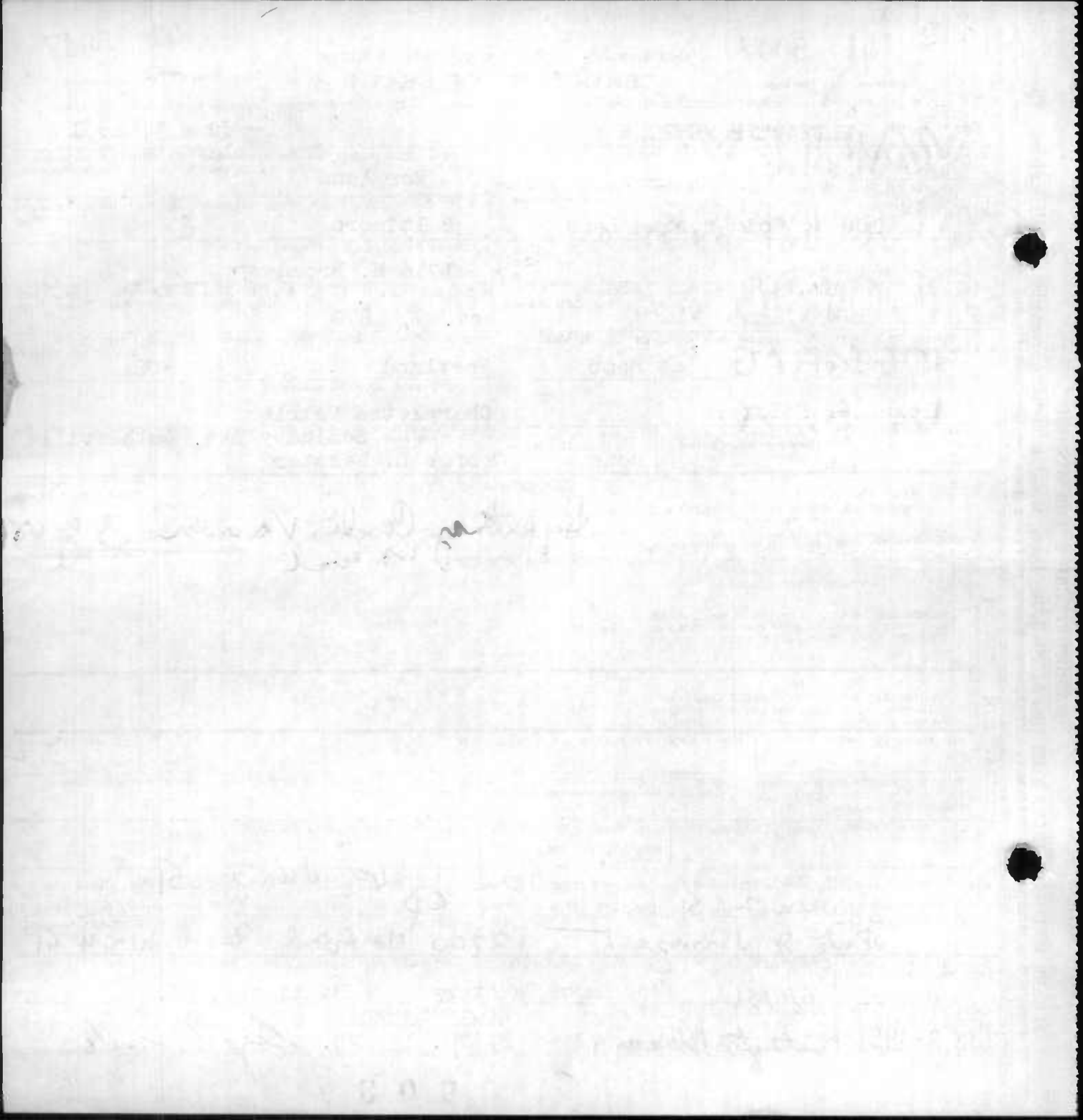
BALTO. 13, MD.

Seymour Sander

VS 150

1951 0005032

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-323

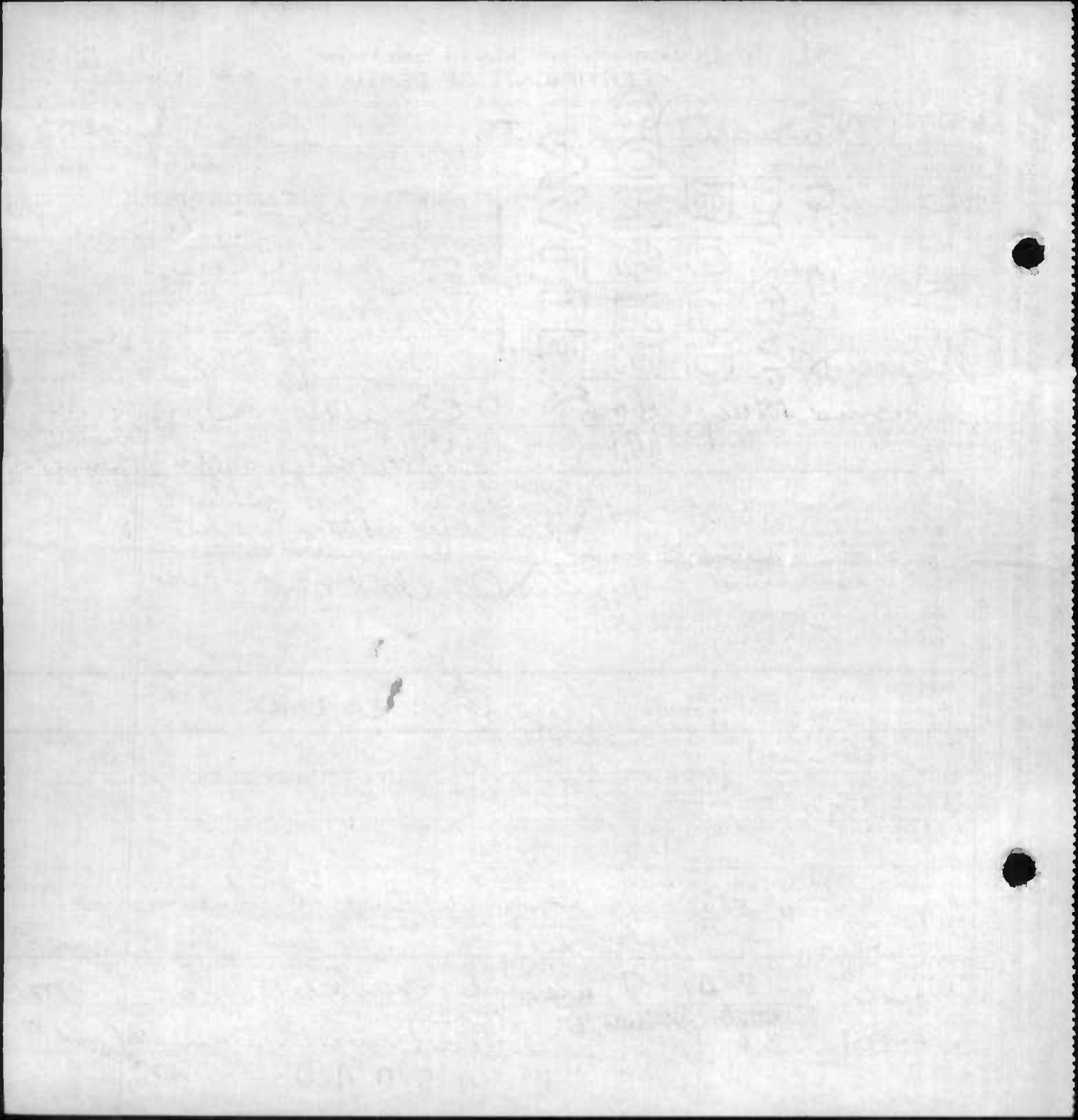
51 5048 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

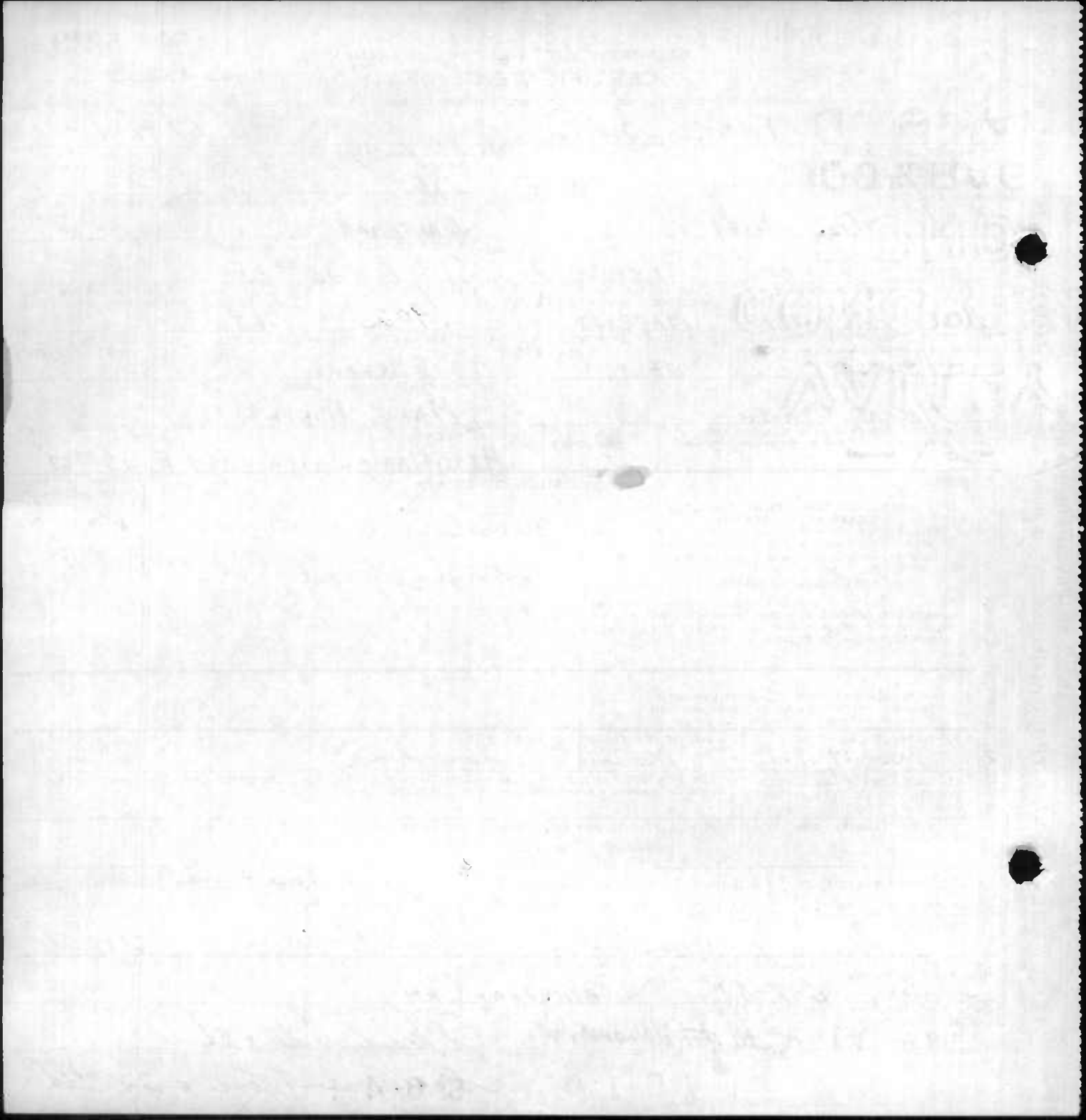
51 5048
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Marian Midgett</i>			2. DATE OF DEATH <i>5 June 51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy</i>			C. CITY OR TOWN <i>Balti</i>			D. STREET ADDRESS (If rural, give location) <i>11-64</i> <i>450 Manse Court</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			5. SEX <i>F</i>			6. COLOR OR RACE <i>col</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH <i>30 Aug 1900</i>			9. AGE (In years last birthday) Months Days <i>51</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Balti-Md</i>		
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			13. FATHER'S NAME <i>James Haywood</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Sampson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT <i>Solomon Midgett</i>		
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>congestive heart failure</i> <i>2 pulmonary embolus possible</i> DUE TO ANTECEDENT CAUSES <i>Hypertens. art. sclerot. c-v disease</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>thyrotoxicosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>?</i>					
19A. DATE OF OPERATION <i>none</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>none</i>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>4-6-51</i> , 19__, to <i>5-6-51</i> , 19__, that I last saw the deceased alive on <i>5-6-51</i> , 19__, and that death occurred at <i>4:55</i> m., from the causes and on the date stated above.								
23A. SIGNATURE <i>Solomon F. White</i>			23B. ADDRESS <i>Mercy</i>			23C. DATE SIGNED <i>5 June 51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>6-8-51</i>			24C. NAME OF CEMETERY OR CREMATORY <i>National Ave. Baltimore Md.</i>		
24D. LOCATION (City, town, or county) (State) <i>Md.</i>			25. FUNERAL DIRECTOR <i>Mr. Francis T. Hensley</i>			ADDRESS <i>878 W. Biddle St.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>6-1951</i>			REGISTRAR'S SIGNATURE <i>John Williams, M.D.</i>			VS 150		

19510005040

63B





51 5050

51 5050

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY G. IMHOFE

2. DATE
OF
DEATH

6/5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lutheran Hosp. of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Brooklyn

D. STREET ADDRESS (If rural, give location)

6207 Ritchie Hwy.

5200

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Apr. 8, 1873

9. AGE (In years
last birthday)

78

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bernard J. Freesmann

14. MOTHER'S MAIDEN NAME

Theresa Thuman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Rita Green - 6207 Ritchie Hwy.

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebrovascular Accident

DUE TO

Chronic congested Ht. failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Rheumatic Heart Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5/4, 1951, to 6/5, 1951, that I last saw the
deceased alive on 6/5, 1951, and that death occurred at 6:54 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph E. Lichtenberg

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

6/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/8/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Jm. J. Lichtenberg & Sons

JUN 6 - 1951

VS 150

2953 Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 5051

51 5051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Frank F. Luthardt

2. DATE
OF
DEATH

June 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3513 W. Union Ave.

c. Length of stay in Baltimore

Lifetime

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr 2, 1877

9. AGE (in years last birthday)

74

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attorney & judge

10B. KIND OF BUSINESS OR INDUSTRY

Law

13. FATHER'S NAME

Lawrence C. Luthardt

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Anna Maria Kull

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Self

ADDRESS

18. 156.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the liver

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic cholecystitis & cholelithiasis

7 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular Disease

7 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1951, to June 4, 1951, that I last saw the deceased alive on June 4, 1951, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS Union Memorial Hospital
Baltimore 18 Maryland

23C. DATE SIGNED

June 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

June 7, 1951

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Crematory

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 6 - 1951

REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Dickner & Sons

ADDRESS

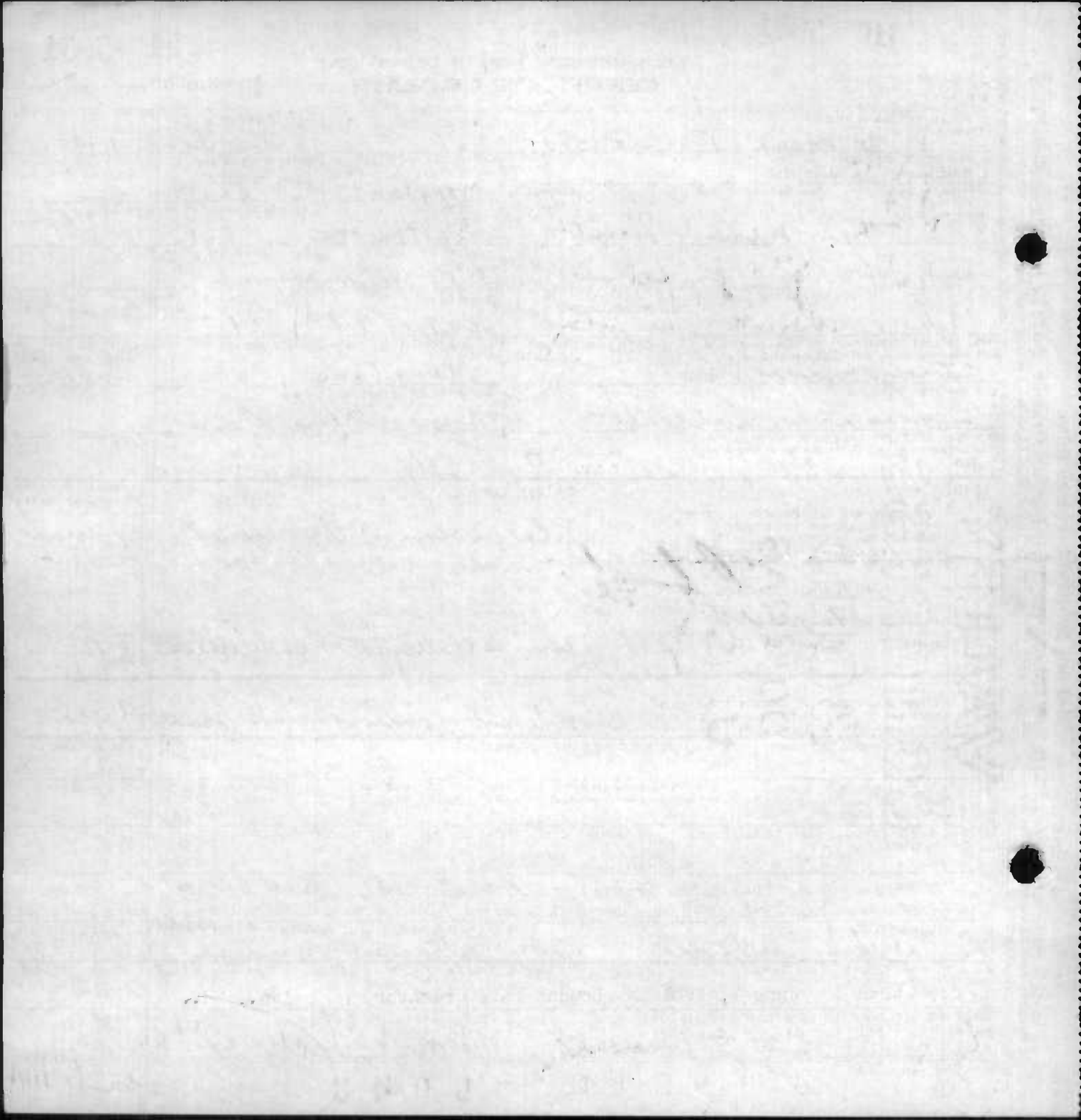
46 F Balto Md

VS 150

9510556V5043

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51

5052

CERTIFICATE CORRECTED

6-12-51

51

5052

BALTIMORE CITY HEALTH DEPARTMENT

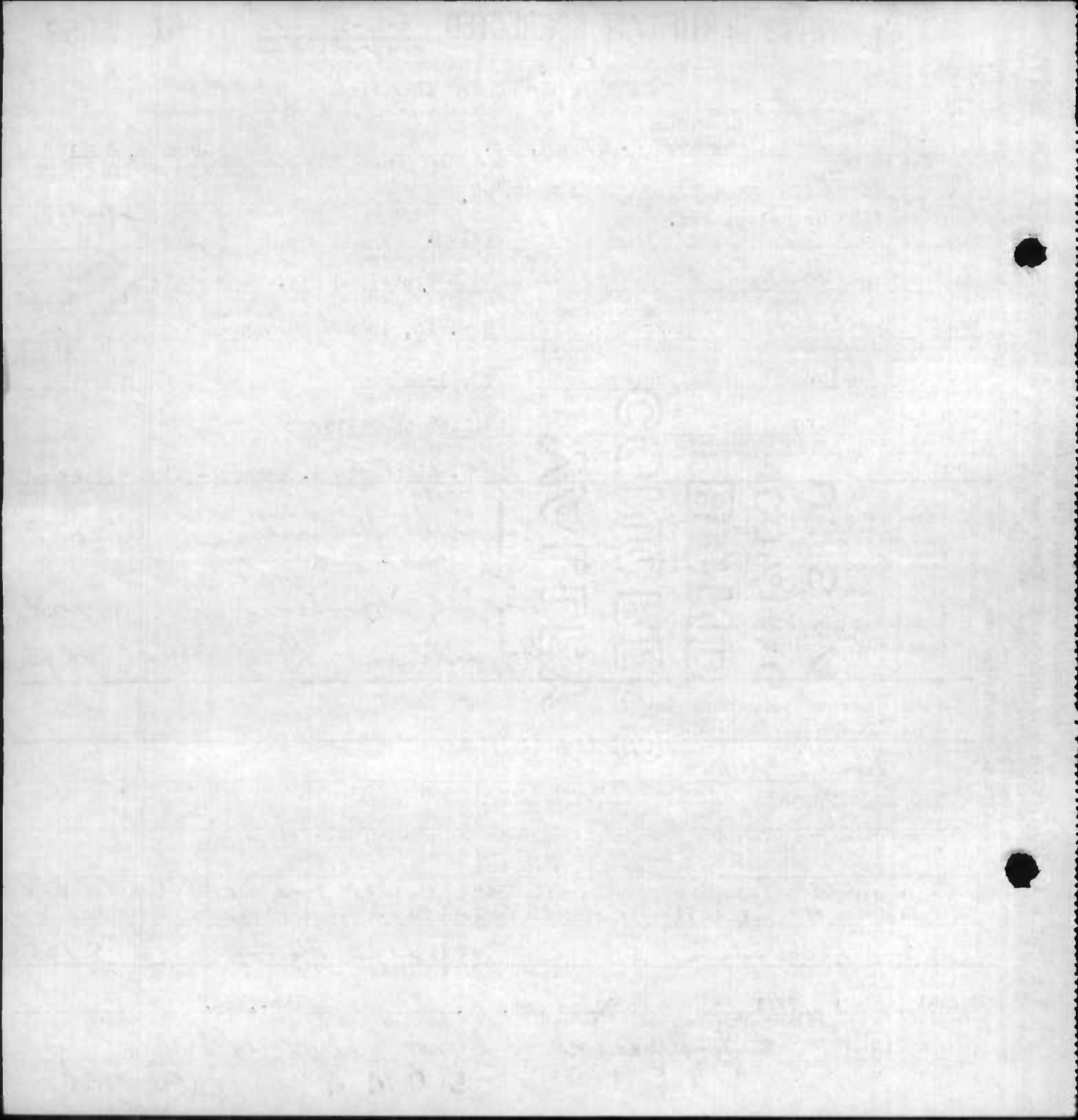
CERTIFICATE OF DEATH

Registered No.

316

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		LAWRENCE LAURENCE J. EDBERG, Sr.		2. DATE OF DEATH June 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4408 Groveland Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4408 Groveland Ave.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 10, 1888	9. AGE (in years last birthday) 63	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custom Tailor		10B. KIND OF BUSINESS OR INDUSTRY Tailoring		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charles Edberg		14. MOTHER'S MAIDEN NAME Elizabeth Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Elizabeth R. Edberg - 4408 Groveland	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH - cerebral Hemorrhage DUE TO A) B) Coronary Thrombosis C) Hypertensive Heart Disease INTERVAL BETWEEN ONSET AND DEATH 1 hour 6 yrs 10 yrs		19. DATE OF OPERATION none			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 1940, to June 4, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 6:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Paul L. Chambers		23B. ADDRESS 4108 Liberty Hts. Ave.		23C. DATE SIGNED 6/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/7/51		24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. FUNERAL DIRECTOR J. M. J. Pickens & Sons			
24F. DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1951		24G. REGISTRAR'S SIGNATURE L. J. Williams, M.D.			
24H. VS 150		24I. 95-1-5098 965 0 4 4 937 Balto Md.			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

51 5053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5053

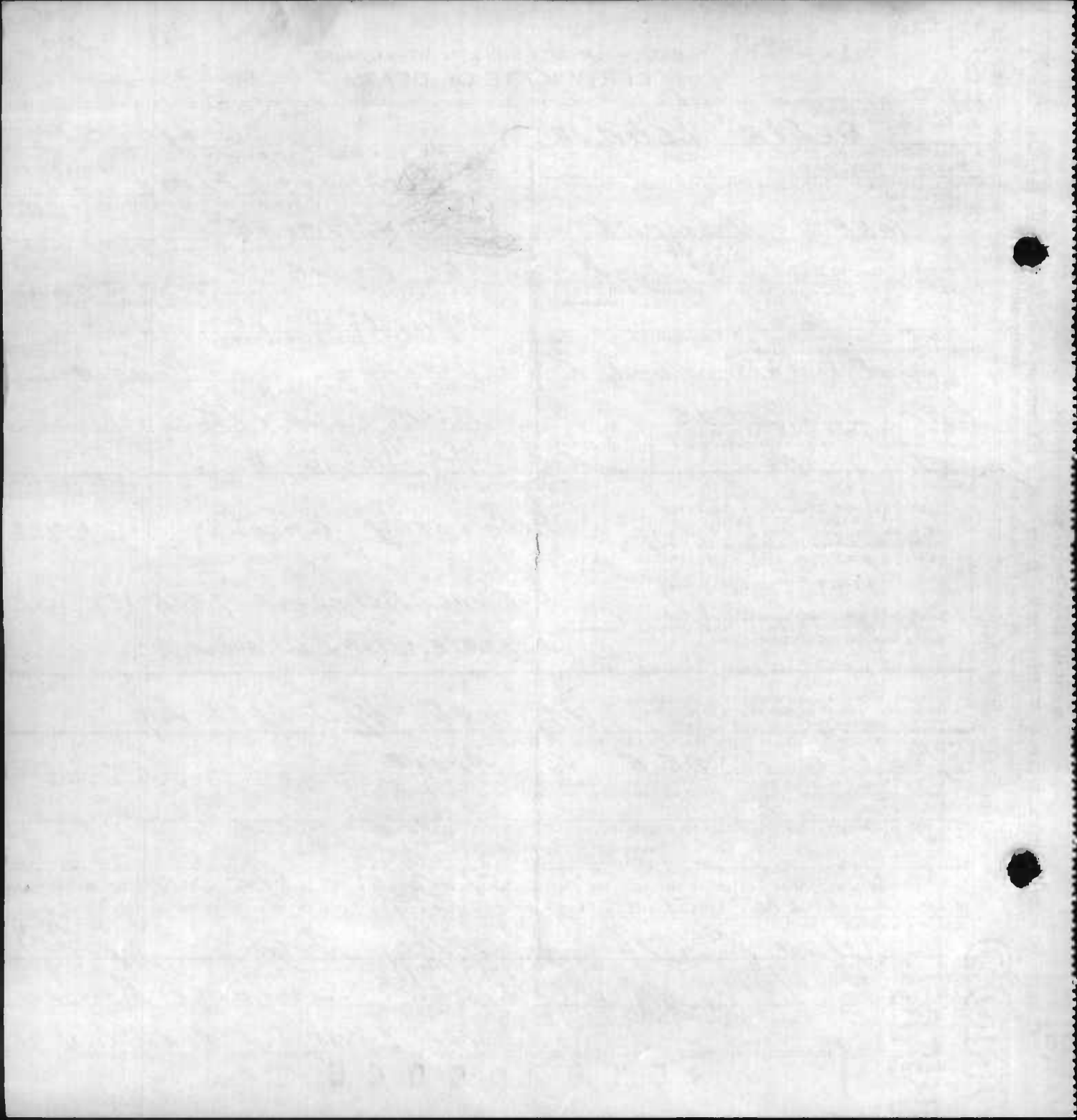
Registered No. _____

BIRTH NO. _____			2. DATE OF DEATH <u>6/5/51</u>		
1. NAME OF DECEASED (Type or Print) <u>DELIA LEHANE</u>			3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY HOSPITAL</u>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>5 Altamont</u> B. COUNTY <u>PLACER</u>		
C. Length of stay in Baltimore <u>48 YRS</u> <u>unk.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>-</u>	8. DATE OF BIRTH <u>NOV. 11, 1880</u>		9. AGE (in years last birthday) <u>70</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unk. House Wife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>unk. AT Home</u>	11. BIRTHPLACE (State or foreign country) <u>IRELAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>John S. SARDS</u>			14. MOTHER'S MAIDEN NAME <u>ELLA COYNE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT ADDRESS <u>MRS Michael Welsh</u>		
18. <u>175X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>VAGINAL Hysterectomy</u>			CAUSE OF DEATH (A) <u>PULMONARY Embolus</u> DUE TO (B) <u>ADENOCARCINOMA of OVARIES</u> <u>unk.</u> (C) <u>HYPERTENSIVE CARDIOM. dis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6/5/51</u>
19A. DATE OF OPERATION <u>3/26/51</u>		19B. MAJOR FINDINGS OF OPERATION <u>SEE B ABOVE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <u>no</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/23, 1951</u> , to <u>6/5, 1951</u> , that I last saw the deceased alive on <u>6/5, 1951</u> , and that death occurred at <u>5:25 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Arthur R. Fleming M.D.</u>		23B. ADDRESS <u>MURRY HOGG</u>		23C. DATE SIGNED <u>6/5/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>6/8/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>NEW CATHEDRAL</u>	
24D. LOCATION (City, town, or county) (State) <u>BALTIMORE MARYLAND</u>		25. FUNERAL DIRECTOR <u>CHAS F EVANS & Son</u>		ADDRESS <u>118 N MT ROYAL AVE</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 6-1951</u>		REGISTRAR'S SIGNATURE <u>Arthur R. Fleming</u>		25. FUNERAL DIRECTOR ADDRESS <u>CHAS F EVANS & Son 118 N MT ROYAL AVE</u>	

VS 150

19510005045

49a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Emma Murphy

2. DATE
OF
DEATH

6/5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto., Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Westport, Md.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2347 Annapolis Rd., Westport, Md.

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
Female6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

6/5/51 1-22-92

9. AGE (in years
last birthday)

59

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Nordt

14. MOTHER'S MAIDEN NAME

Augusta ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Arthur J. Murphy 2347 Annapolis Rd.

18. 550.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

(B)

Congestive Heart Failure

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Appendiceal Abscess

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
5/28/5119B. MAJOR FINDINGS OF OPERATION
Appendiceal Abscess

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28 1951, to 6/5 1951, that I last saw the
deceased alive on 6/5 1951, and that death occurred at 3:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Edward M. Reliak

M. D.

23B. ADDRESS

Bon Secours

23C. DATE SIGNED

6/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

June 9/1951

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 6 - 1951

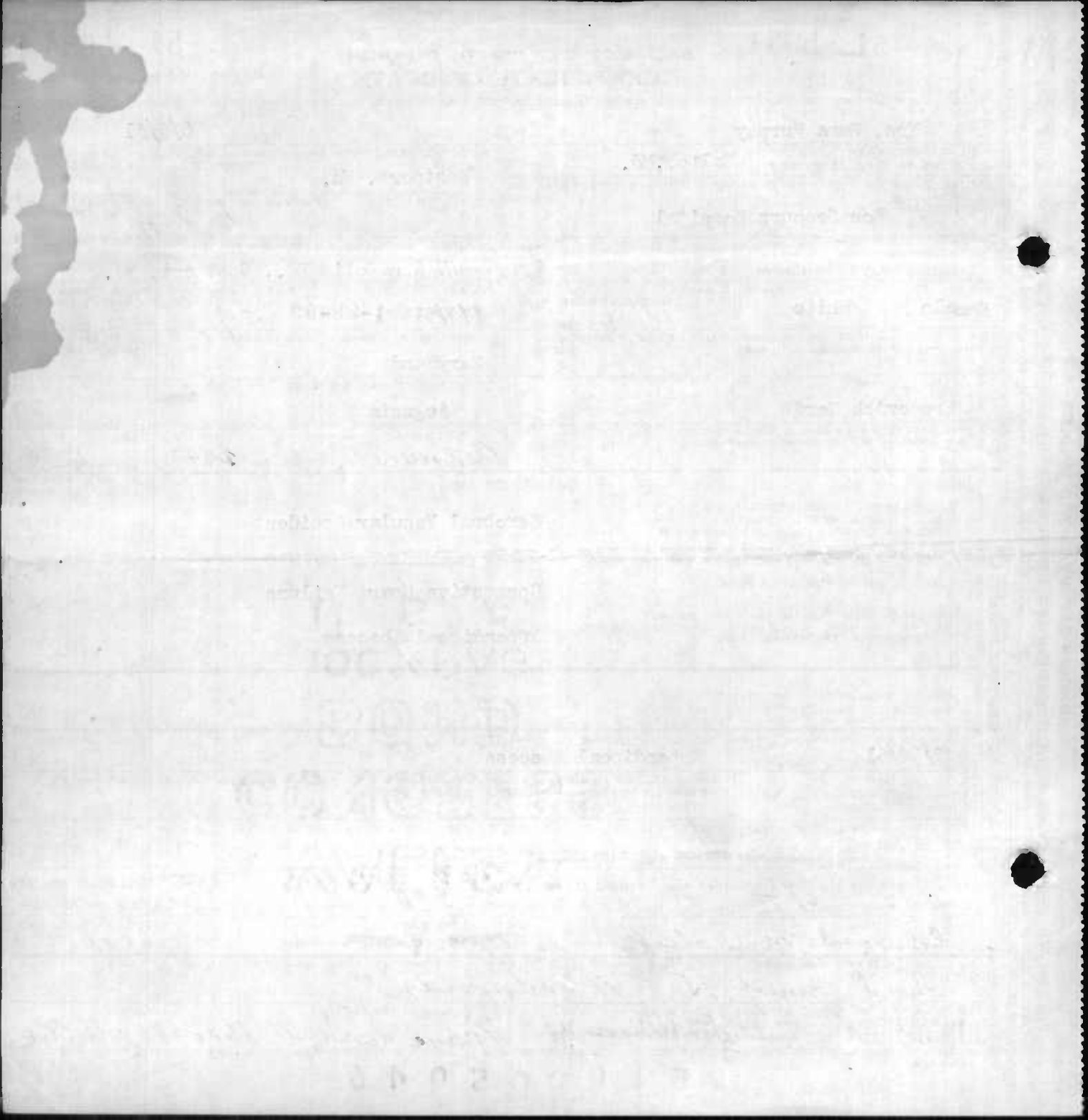
REGISTRAR'S SIGNATURE

Linton Williams, M.D.

25. FUNERAL DIRECTOR

Marie C. Syfer 1600 North Ave.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5055

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLOYD LOWERY

2. DATE
OF
DEATH 6/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1102 APPLETON ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1102 APPLETON ST.

c. Length of stay in Baltimore 20 YRS.

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MAY 31, 1911

9. AGE (In years
last birthday)

40 Yrs.

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRYWELSH CON. CO.
CONST.

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM LOWERY

14. MOTHER'S MAIDEN NAME

FLORENCE JETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

217-07-1910

17. INFORMANT

FLORENCE LOWERY (M) 1102 APPLETON ST.

ADDRESS

ST.

18. 421.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Pneumonia*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Mitral Regurgitation with Decompensation*
DUE TO*Ischemia*
(C)INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24th May 51, to 6-2-1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm R. Boykin

M. D.

23B. ADDRESS

1133 N. Monroe

23C. DATE SIGNED

6/6/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 6, 1951

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM.

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 6-1951

REGISTRAR'S SIGNATURE

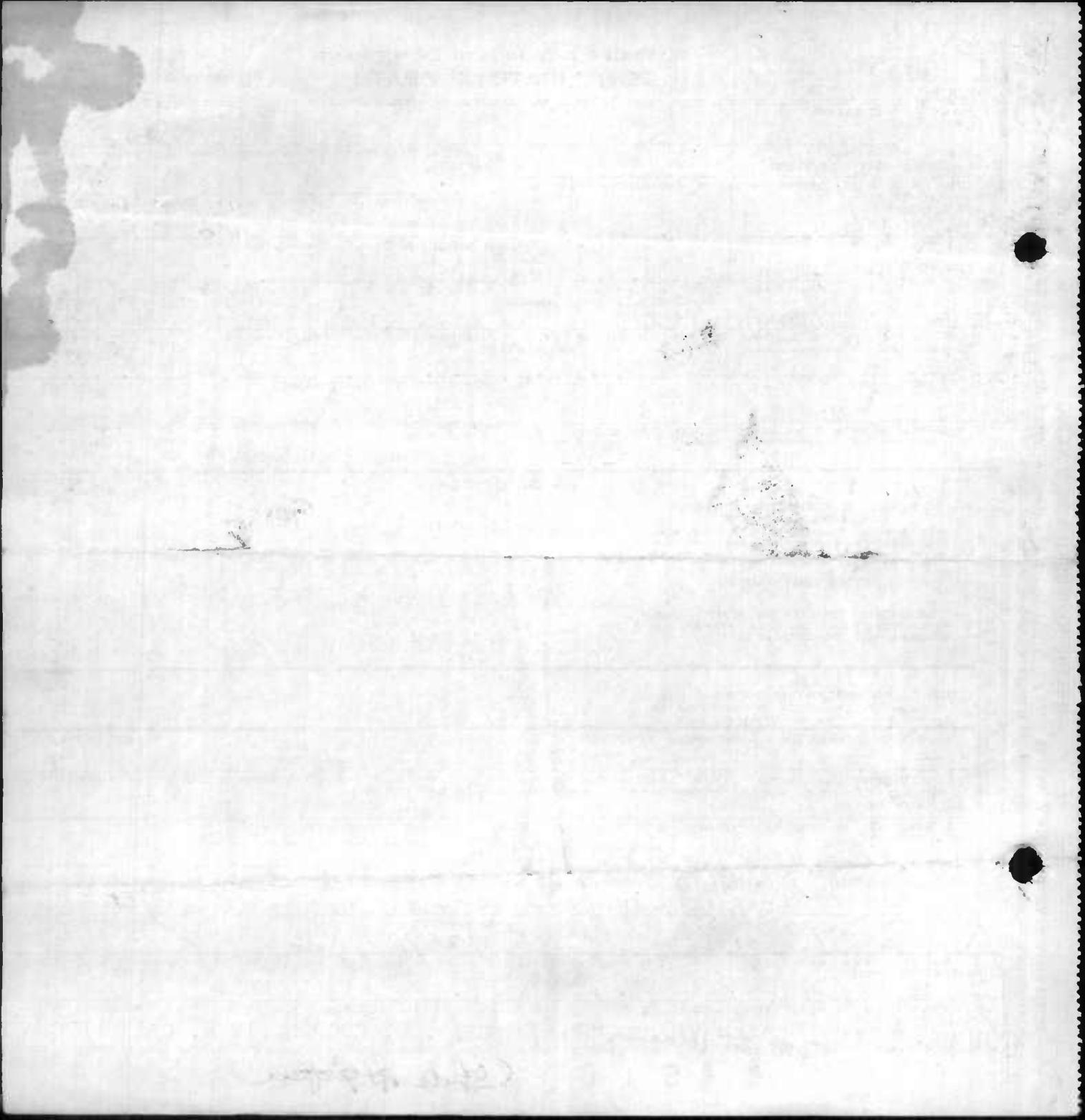
Wm R. Boykin

25. FUNERAL DIRECTOR

CHAS. G. COOPER 512 N. CARROLLTON

ADDRESS

AVE.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5056

Registered No.

BIRTH NO. 5056

1. NAME OF DECEASED (Type or Print) Harvey Riley Watkins			2. DATE OF DEATH June 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 3506 Marmon Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3506 Marmon Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 21, 1875		9. AGE (in years last birthday) 75 yrs
10a. USUAL OCCUPATION (Give kind of work unless during most of working life, even if retired) Telegraph Operator			10b. KIND OF BUSINESS OR INDUSTRY B & O RR		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
13. FATHER'S NAME ? Watkins			14. MOTHER'S MAIDEN NAME Eliz. Riley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS Mrs. Pauline E. Watkins, 3506 Marmon Ave.		

18. 144X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Squamous cell carcinoma of the palate DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 year
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 3, 1951 , to June 4, 1951 , that I last saw the deceased alive on June 3, 1951 , and that death occurred at 1.10 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>George J. Kump</i>		23B. ADDRESS 3030 Edmondson Ave.		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 7, 1951	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1951		REGISTRAR'S SIGNATURE <i>Antony J. Williams, Jr.</i>	
VS 150		25. FUNERAL DIRECTOR <i>Laurean</i>	
		ADDRESS 4510 Liberty Hgts. Ave.	

19510005040

45C

RECEIVED

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PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

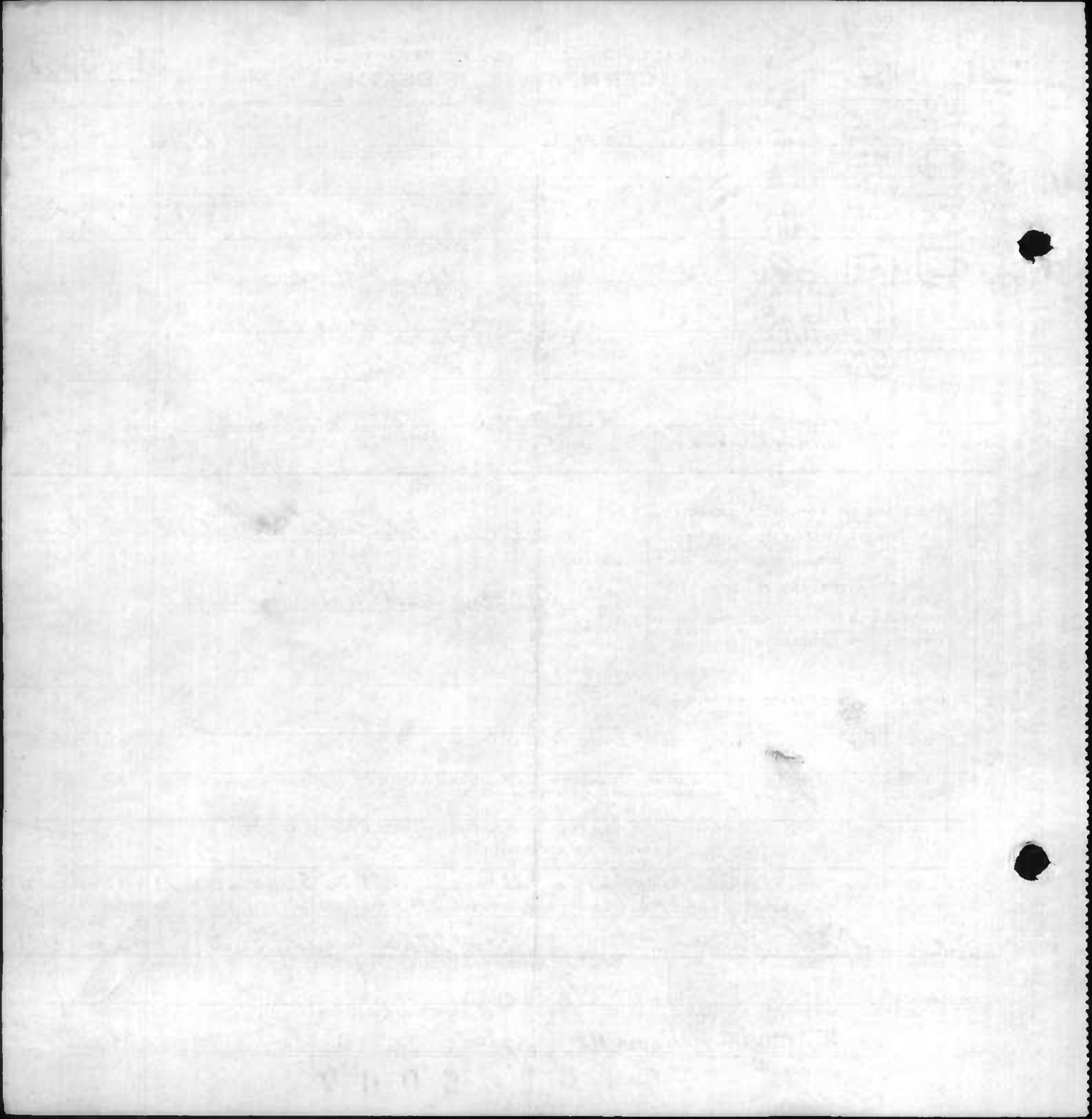
Registered No. **51 5057**

51 5057

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Stanislaus Liszewski</i>			2. DATE OF DEATH <i>June 5 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>11 S. Ann Street</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-02</i>		
c. Length of stay in Baltimore <i>33 days</i>			D. STREET ADDRESS (If rural, give location) <i>11 S. Ann Street</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	B. DATE OF BIRTH <i>May 8 1876</i>		9. AGE (In years last birthday) <i>75</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? <i>Poland</i>
13. FATHER'S NAME <i>unknown</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>John Pease 2607 E. Chase Street</i>		

1B. <i>331X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebro-Vascular Accident</i>		<i>5 day</i>	
ANTECEDENT CAUSES		(B) <i>Generalized Arteriosclerosis</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>31 May</i> , 1951, to <i>5 June</i> , 1951, that I last saw the deceased alive on <i>2 June</i> , 1951, and that death occurred at <i>8 30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Edward M. Barry</i>		23B. ADDRESS <i>1749 Waverly Way Balto 12</i>		23C. DATE SIGNED <i>5 June 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 8/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Stanislaus Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Balta City</i>		24E. FUNERAL DIRECTOR <i>John M. Welby</i>		24F. ADDRESS <i>401 S. Chester St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 6-1951</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams</i>			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M 234
51 5058

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 5058

1. NAME OF DECEASED (Type or Print) RUTH NAOMI MC DOWELL		2. DATE OF DEATH 6-6-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 8-05	
C. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1630 E. 25th Street, 13	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-7-83
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Own home.	9. AGE (In years last birthday) 67 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John W. Brown		14. MOTHER'S MAIDEN NAME Cecelia Barranger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Albert W. McDowell		ADDRESS 1630 E. 25th St.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinomatosis DUE TO ANTECEDENT CAUSES (B) stomach metastatic to abdomen DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) INTERVAL BETWEEN ONSET AND DEATH (over)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 6-9-51		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-20-1951 to 6-6-1951 , that I last saw the deceased alive on 6-6-1951 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Wm. P. Rodgers		23B. ADDRESS 1400 N. Caroline St. - 13	
23C. DATE SIGNED 6-6-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/9/51	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 6-1951		REGISTRAR'S SIGNATURE Wm. P. Rodgers	
VS 150		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.	

46 B

See Document File 51 5058

6/25/51

ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5059
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nellie G. Smullen

2. DATE
OF
DEATH

6/5/51 10 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Balto.

C. CITY OR TOWN

(If outside corporate limits, write R.R. and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

5202 St. Charles Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/5/1877

9. AGE (In years last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Princers Anne Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Green

14. MOTHER'S MAIDEN NAME

Sarah Short

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lee G. Smullen Asbury Park N. J.

18. *153X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Atherosclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 10, 1951*, to *June 5, 1951*, that I last saw the deceased alive on *June 5, 1951*, and that death occurred at *10 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. C. H. Pearson M. D.

23B. ADDRESS

3905 Greenmount Rd. Balt. Md.

23C. DATE SIGNED

6/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/8/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 6-1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4th Bk. Inc. 1217 St. Paul St.

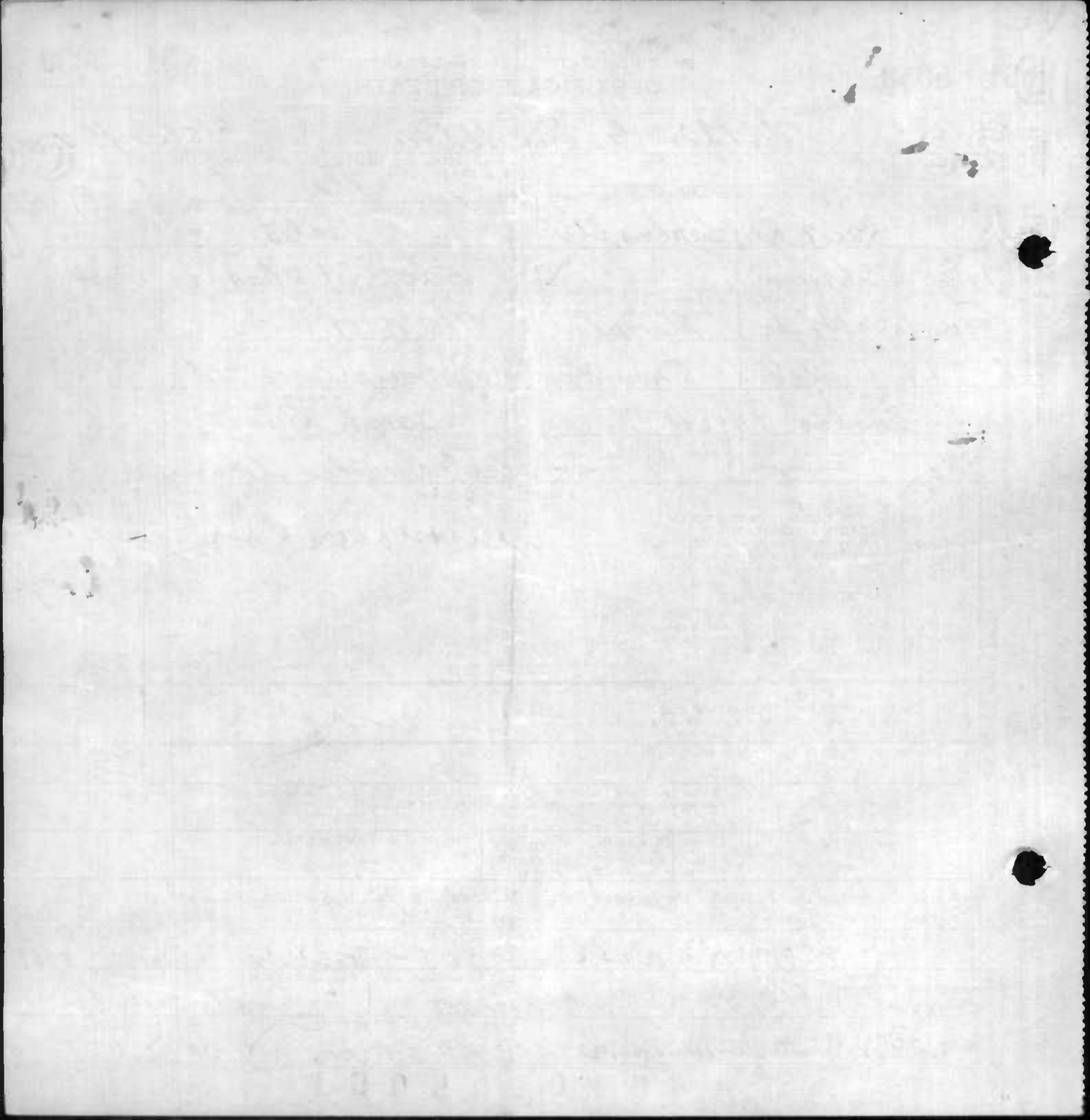
VS 150

122510005051

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



K-420
51 5060BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5060
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Martha Kowalsky			2. DATE OF DEATH June 5, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md - B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for Women of Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore ?			D. STREET ADDRESS (If rural, give location) 7922 Oakdale Ave - 5300		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23 1894	9. AGE (In years last birthday) 53	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H W			11. BIRTHPLACE (State or foreign country) Poland		
10B. KIND OF BUSINESS OR INDUSTRY -			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Joseph Tarletsky			14. MOTHER'S MAIDEN NAME Unknown -		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. -		
17. INFORMANT Daughter-in-law - A. Kowalsky			ADDRESS Adm 312		
18. 190 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) In situ carcinoma with wide spread metastatic			INTERVAL BETWEEN ONSET AND DEATH ?		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Massive atelectasis, right lung					
19A. DATE OF OPERATION 6-2-51			19B. MAJOR FINDINGS OF OPERATION Carcinomatous peritoneal cavity		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? -			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY -		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR? -		
22. I hereby certify that I attended the deceased from May 28 , 19 51 , to June 5 , 19 51 , that I last saw the deceased alive on June 5 , 19 51 , and that death occurred at 7³⁰ A m., from the causes and on the date stated above.					
23A. SIGNATURE Helene C. Brickman			23B. ADDRESS Womans' Hospital		
23C. DATE SIGNED June 5 '51					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 6-8-51		
24C. NAME OF CEMETERY OR CREMATORY Moreland Park			24D. LOCATION (City, town, or county) (State) BalTo Md		
DATE RECEIVED BY LOCAL REGISTRAR JUN 6-1951			REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.		
25. FUNERAL DIRECTOR L. J. Ruck			ADDRESS 5305 Hartford Rd		

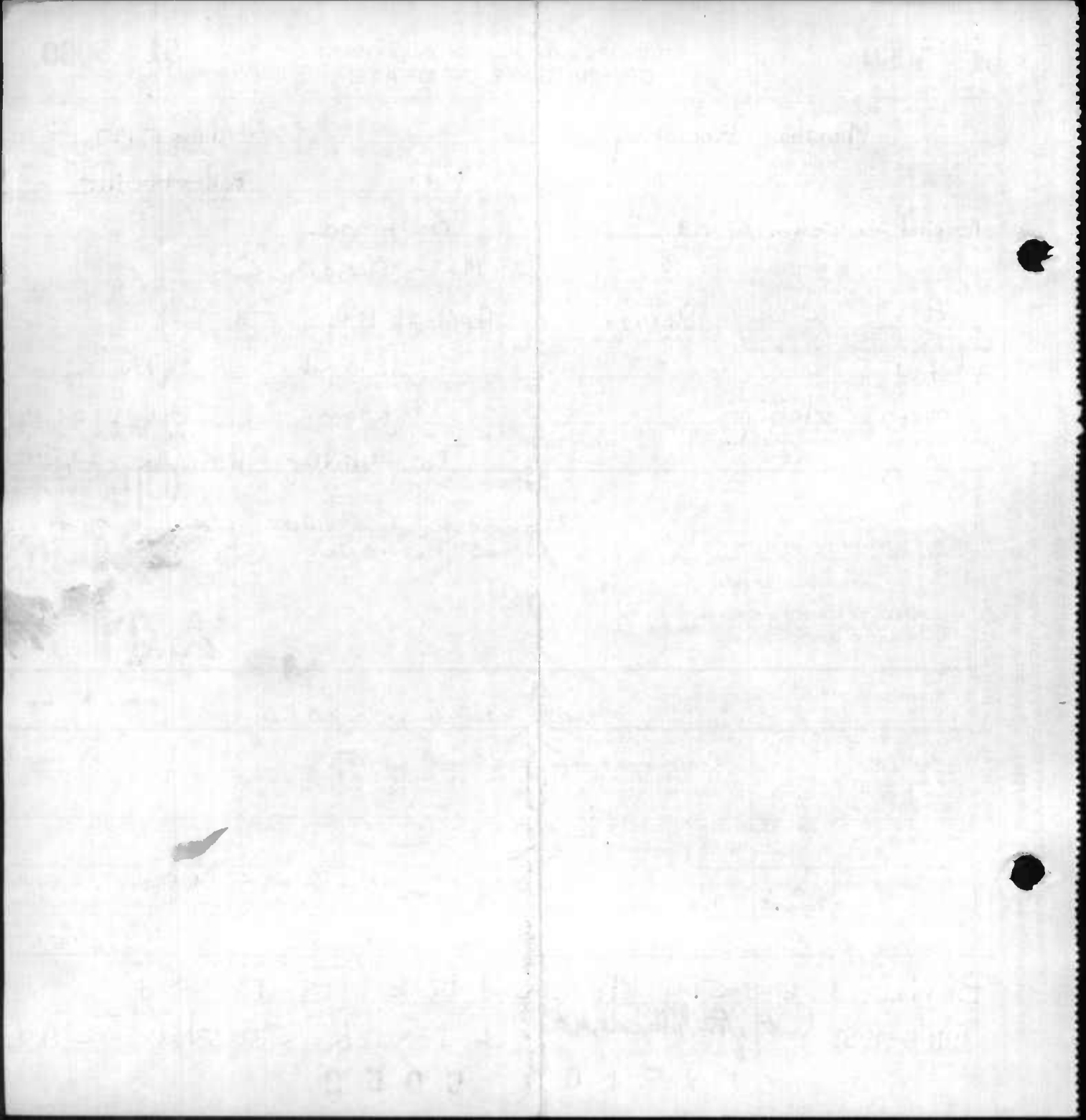
VS 150

19510005052

46 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



5-160
51-5061

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5061

Registered No. _____

1. NAME OF DECEASED (Type or Print) John H. Schaefer			2. DATE OF DEATH June 5, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3514 Frankford Avenue			C. CITY OR TOWN Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3514 Frankford Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan, 9, 1887	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fire Captain			11. BIRTHPLACE (State or foreign country) Baltimore, Co Maryland		
10B. KIND OF BUSINESS OR INDUSTRY -Baltimore City			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Conrad Schaefer			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Alice A. Schaefer, 3514 Frankford		
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary thrombosis DUE TO (B) arteriosclerotic heart disease DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. INTERVAL BETWEEN ONSET AND DEATH 1/2 hr. 5 yrs.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/20/1949 to 6/5/1951, that I last saw the deceased alive on 5/29/1951 and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE J. Medina		23B. ADDRESS 1737 E. North Ave		23C. DATE SIGNED 6/6/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6- -51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Rd.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 6-1951		REGISTRAR'S SIGNATURE L. Williams			

VS 150

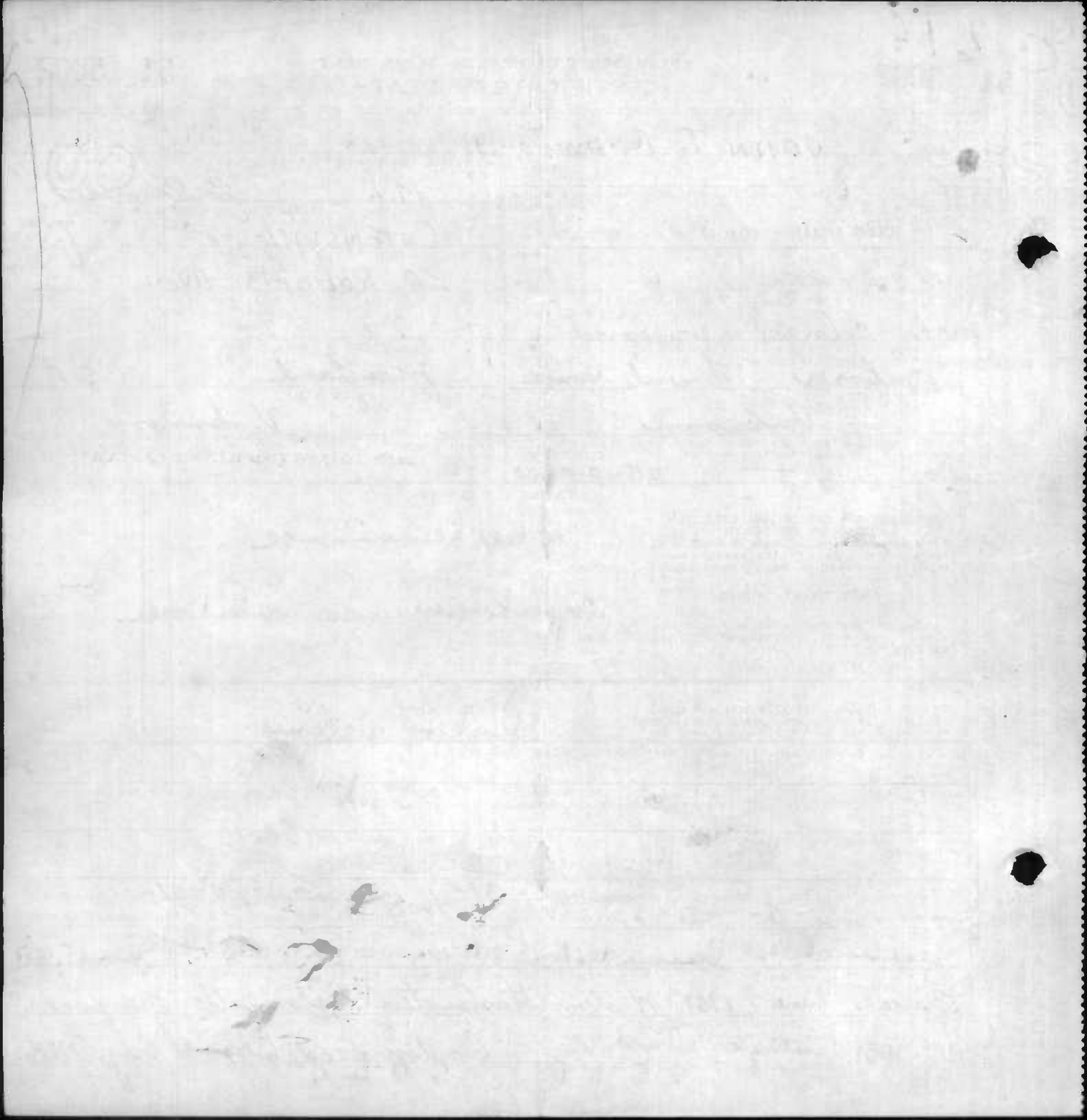
1-95762 937 5053

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A. Friedman
1737 E. 9th Ave.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 5063

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Hendrickson

2. DATE
OF
DEATH

6.5.1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore Md.*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE *Maryland* B. COUNTY *before admission*B. FULL NAME OF
HOSPITAL OR
INSTITUTION *Doctors Hospital, Baltimore*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township) *20-03*

c. Length of stay in Baltimore

47- Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

627 S. Pulaski St. 23.

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3.29.1904

9. AGE (In years
last birthday)

47

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Donald Ross

14. MOTHER'S MAIDEN NAME

Francis Mary Grammer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or or oooowo)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Husband. 627 S. Pulaski St

18. 410X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Cardiac Failure 2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Rheumatic Heart Disease
mitral stenosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from *Jan*, 1946, to *June 5*, 1951, that I last saw the
deceased alive on *June 5*, 1951, and that death occurred at *1:40* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis J. Glass

23B. ADDRESS

M. D. 2730 N. Charles St

23C. DATE SIGNED

6/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

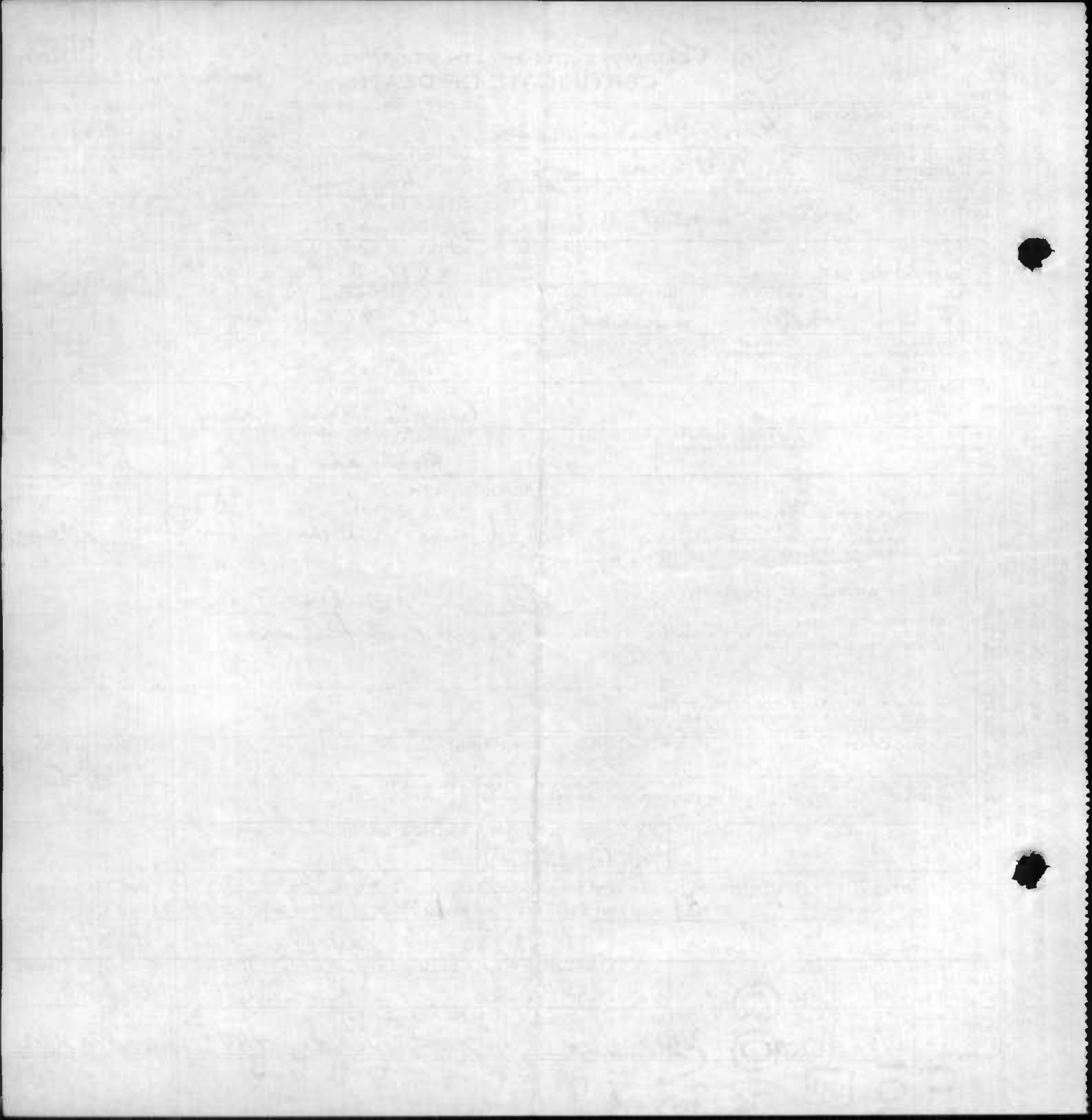
25. FUNERAL DIRECTOR

ADDRESS

JUN 6-1951

Huntington Williams, M.D.

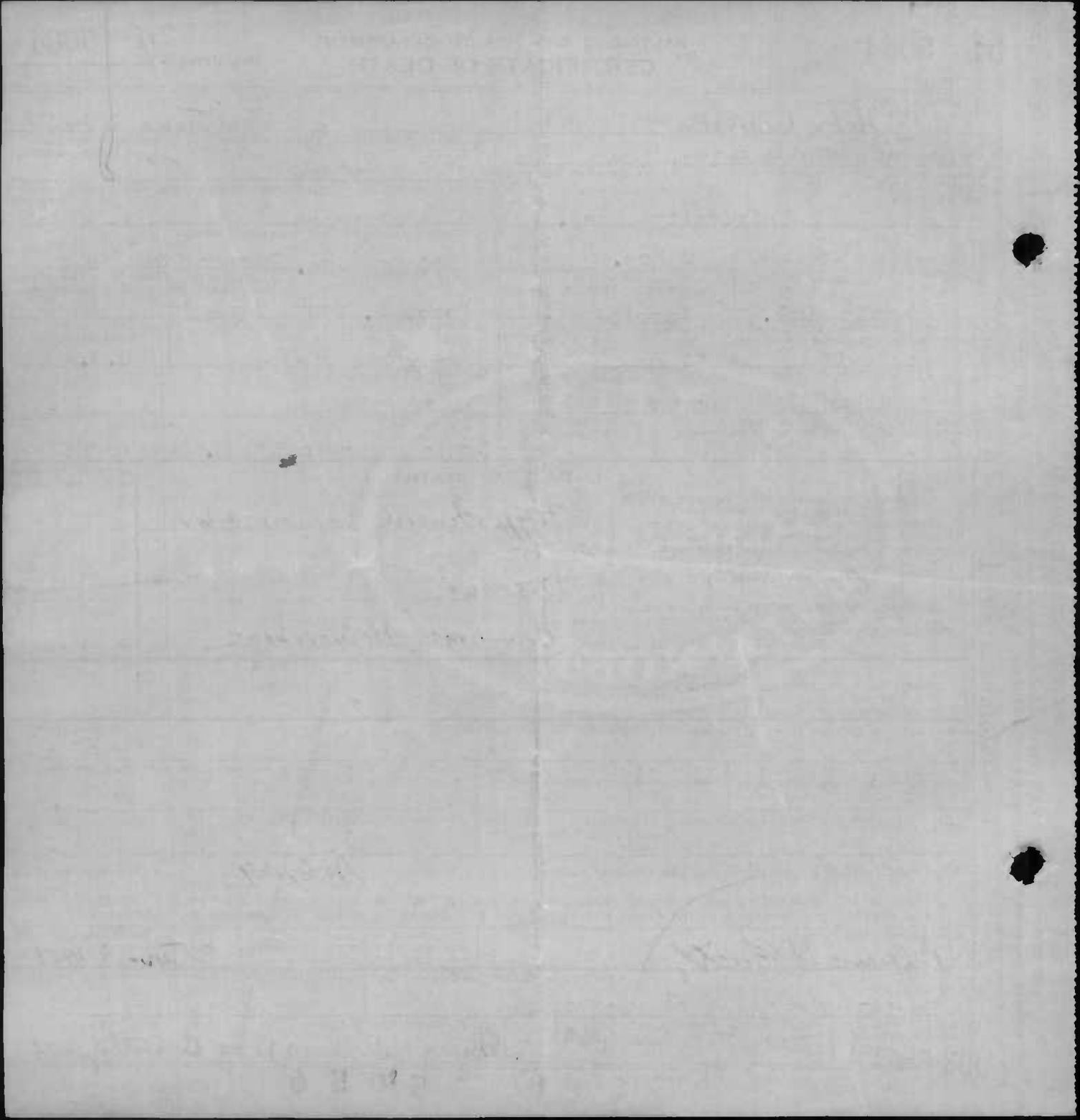
Harry H. Witke 4101 Edmondson Dr



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5064
Registered No.

BIRTH NO.			2. DATE OF DEATH <u>June 2 1957</u>		
1. NAME OF DECEASED (Type or Print) <u>Helen Anderson</u>					
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>6 Yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>500 King Ct. Turner Station Md</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 2, 1910</u>		9. AGE (In years last birthday) <u>47</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Farmville Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>Nathan Thornton</u>			14. MOTHER'S MAIDEN NAME <u>Lucy Watkins</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>James Anderson 306 N. Exeter St</u>		

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Hypertensive Cardiovascular</u>			CAUSE OF DEATH (A) <u>Hypertensive Cardiovascular</u> DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Disease</u>			(B) <u>Disease</u> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) <u>Cerebral Hemorrhage</u>		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William V. Roberts</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>June 3 1957</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6/7/1957</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Bethel Grove</u>	
24D. LOCATION (City, town, or county) (State) <u>Rice Virginia</u>		25. FUNERAL DIRECTOR <u>Elroy D. Wilson 1000 Beatty Ave</u>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 6-1957</u>		REGISTRAR'S SIGNATURE <u>William V. Roberts</u>			



R-163
51 5065BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5065
Registered No.

1. NAME OF DECEASED (Type or Print) FREDERICK MICHAEL ROBERTS			2. DATE OF DEATH May 30, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE New York B. COUNTY V-29		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE US Marine Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New York		
c. Length of stay in Baltimore 173 days			D. STREET ADDRESS (If rural, give location) 320 W. 23rd Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sep.	8. DATE OF BIRTH 5/26/99	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			11. BIRTHPLACE (State or foreign country) England		
10B. KIND OF BUSINESS OR INDUSTRY Seafarer			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Daniel Roberts			14. MOTHER'S MAIDEN NAME Elizabeth Pigman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 251-22-4426		17. INFORMANT ADDRESS Records-US Marine Hospital, Balto, Md.	

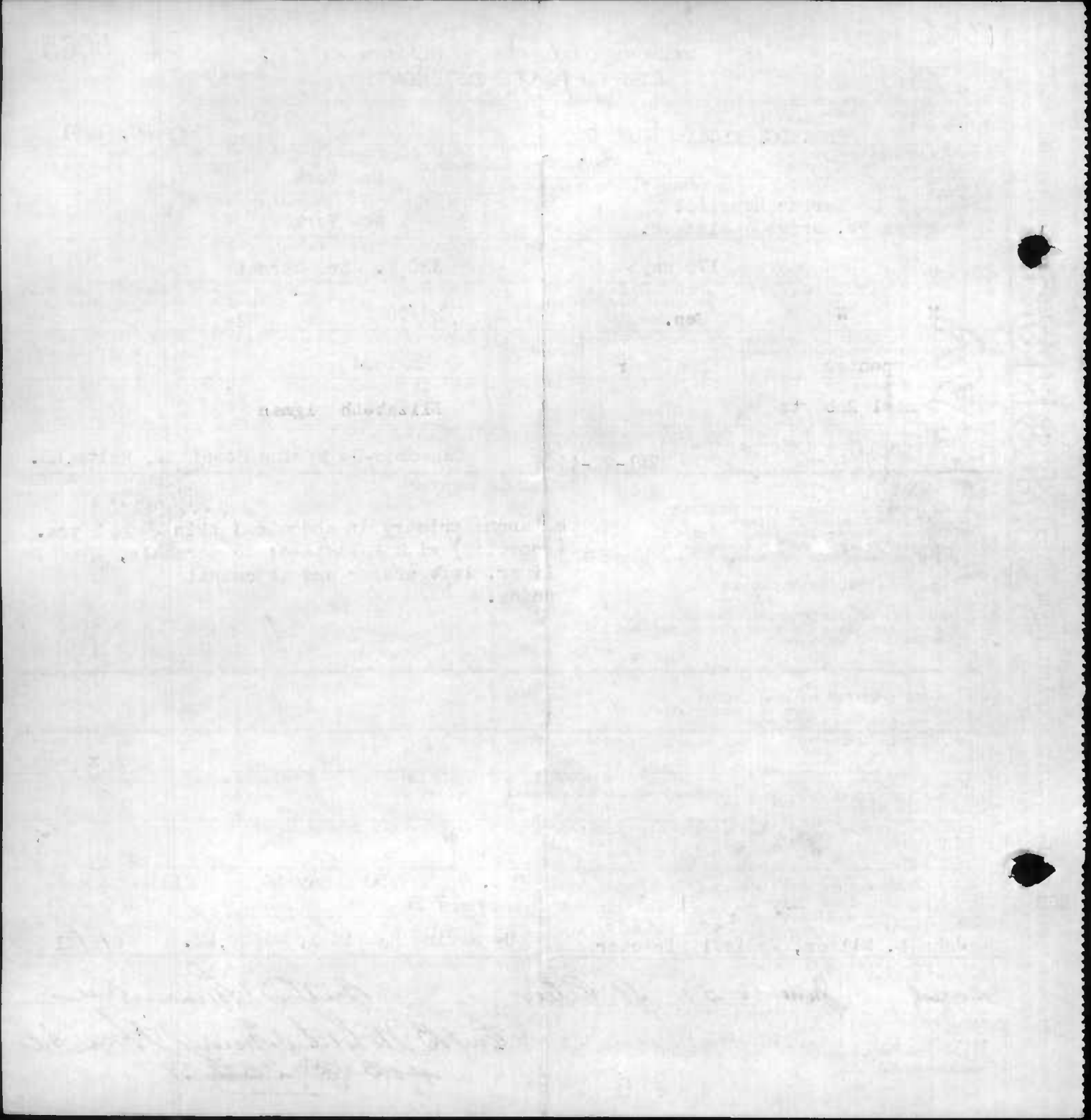
MEDICAL CERTIFICATION	18. 190X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Melanoma primary in abdominal skin (resected) with metastases to adrenals, liver, left ureter and abdominal nodes.			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) DUE TO		
				(B) DUE TO		
				(C) DUE TO		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	19A. DATE OF OPERATION 7			19B. MAJOR FINDINGS OF OPERATION		
	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
	21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		
21F. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from Dec. 8 , 1950, to May 30 , 1951, that I last saw the deceased alive on May 30, 1951 , and that death occurred at 7 PM m., from the causes and on the date stated above.						
23A. SIGNATURE John L. Wilson, Medical Director			23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 6/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE June - 6 - 51			
24C. NAME OF CEMETERY OR CREMATORY St. Peter's			24D. LOCATION (City, town, or county) (State) Baltimore, Maryland			
DATE RECEIVED BY LOCAL REGISTRAR JUN 7 - 1951			REGISTRAR'S SIGNATURE William Williams, Jr.			
25. FUNERAL DIRECTOR Carl B. McBratney			ADDRESS Funeral Home, Inc.			

VS 150

7 9 57455 00

493-157-25 ST

52



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

51 5066

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution, residence
before admission)
A. STATE B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24 to 5/24, 1951, that I last saw the
deceased alive on 5/28, 1951, and that death occurred at 7:00 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

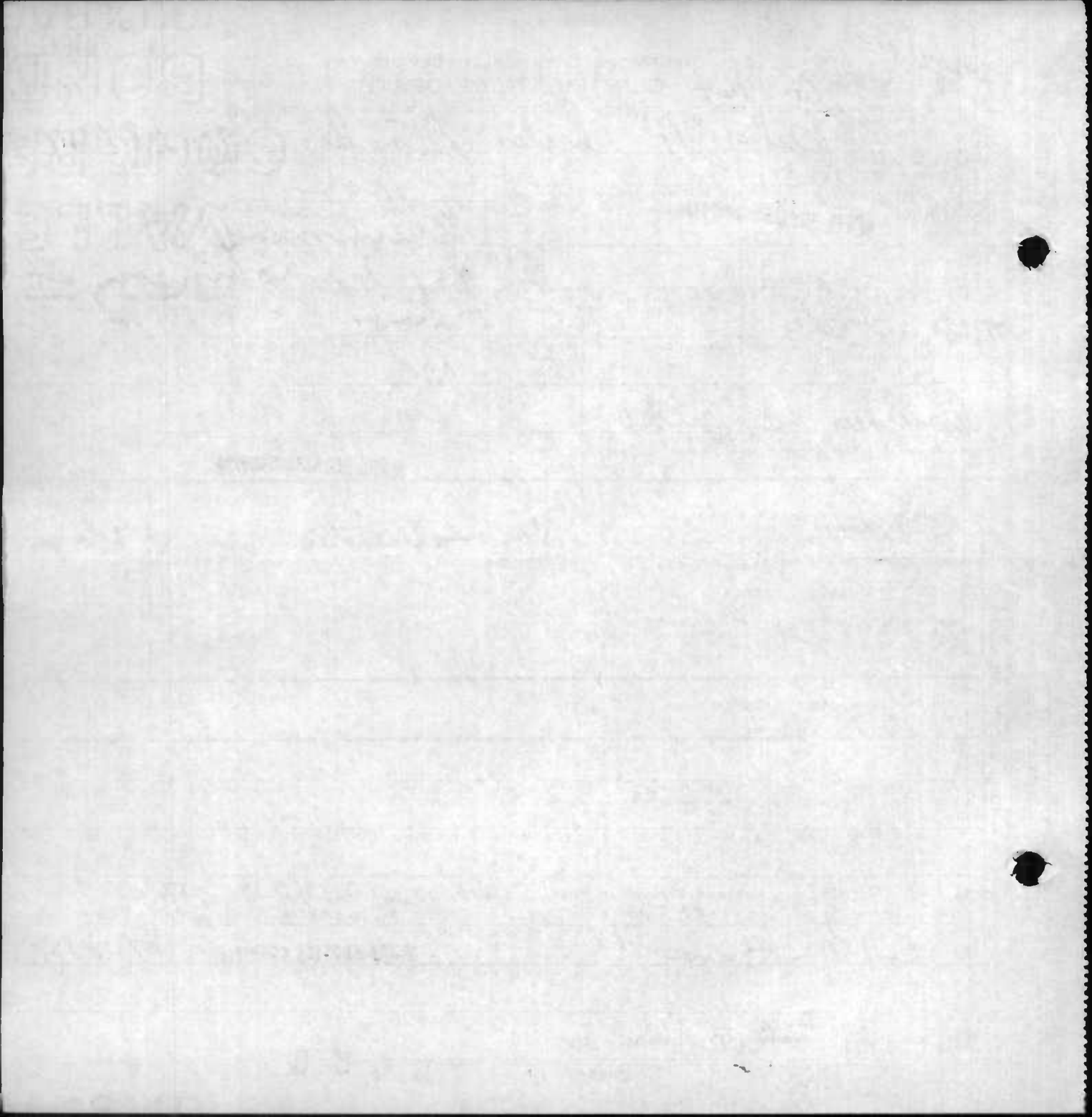
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

S-352
51 5067

Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5067

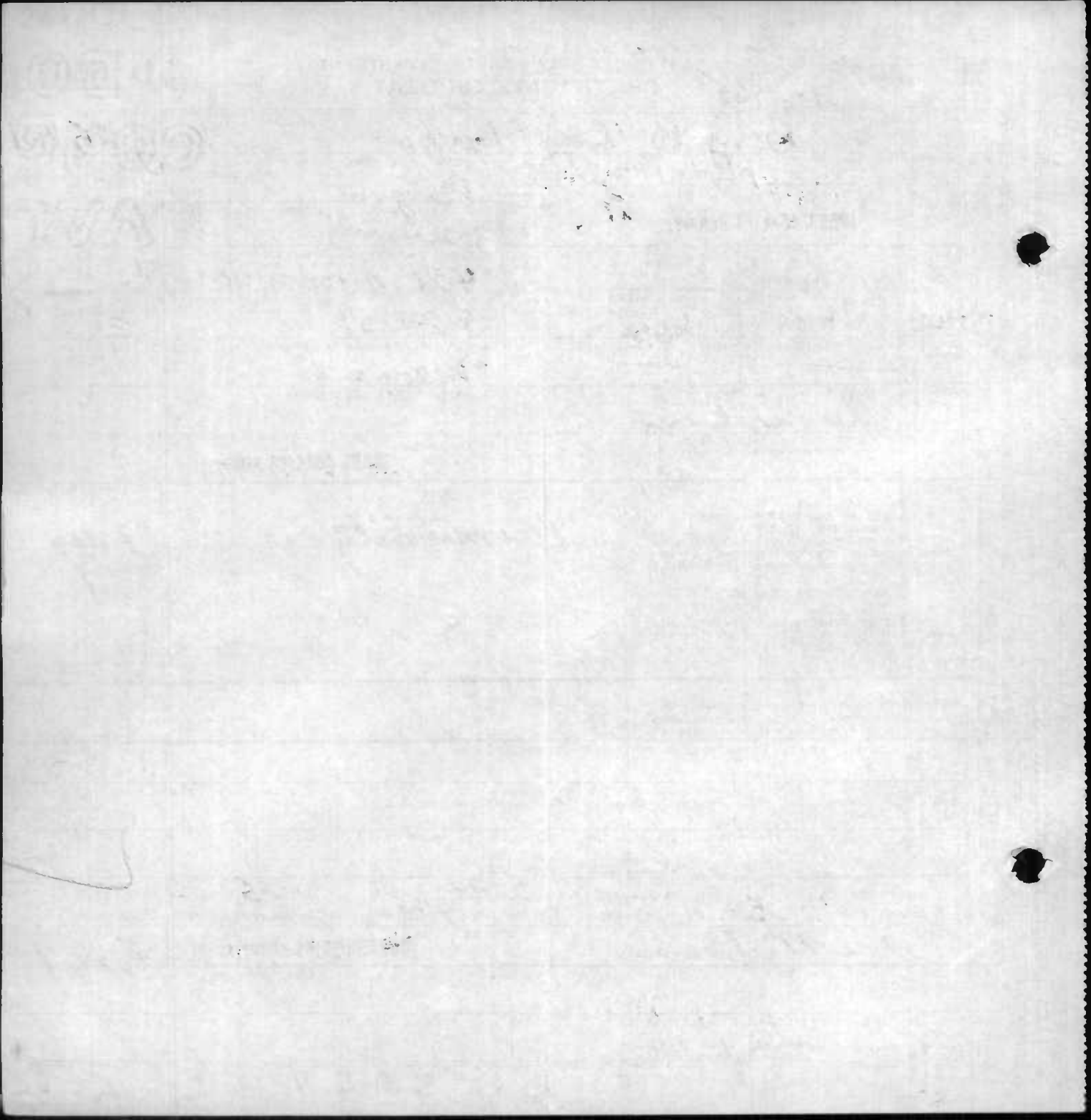
BIRTH NO. 51-11465		2. DATE OF DEATH May 26, 1951	
1. NAME OF DECEASED (Type or Print) Baby "B" Boy Stanko		7. DATE OF DEATH May 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland HHH-PRE NCR		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION JONKS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 6-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 451 N. Robinson St.	
5. SEX MALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH 5-24-51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 2
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? 2	
13. FATHER'S NAME Charles Stanko		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JONKS HOPKINS HOSPITAL
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Prematurity	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH 1 day	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-24-1951, to 5-26-1951, that I last saw the deceased alive on 5-26-1951, and that death occurred at 4:30 p. m., from the causes and on the date stated above.			
23A. SIGNATURE Lu M. Bass		23B. ADDRESS JONKS HOPKINS HOSPITAL	
23C. DATE SIGNED 5/26/51			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY Hosp Disposal		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR JUN 7-1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
25. FUNERAL DIRECTOR		ADDRESS	

VS 150

155-10005059

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



JCL-148834

CERTIFICATE CORRECTED 6-12-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 5068

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl Grant - Goldie

2. DATE

OF DEATH May 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)Baltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1369 N. Gilmore St. (17)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 25, 1951

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

1

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Fraizer

14. MOTHER'S MAIDEN NAME

Goldie Grant

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Records: Baltimore City Hospitals
4940 Eastern Avenue

18.

762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Foetal atelectasis

DUE TO

1 Day

ANTECEDENT CAUSES

(B) Prematurity

DUE TO

1 Day

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-25, 1951, to 5-26, 1951, that I last saw the
deceased alive on 5-26, 1951, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-2-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Cremation

24B. DATE

6-1-51

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

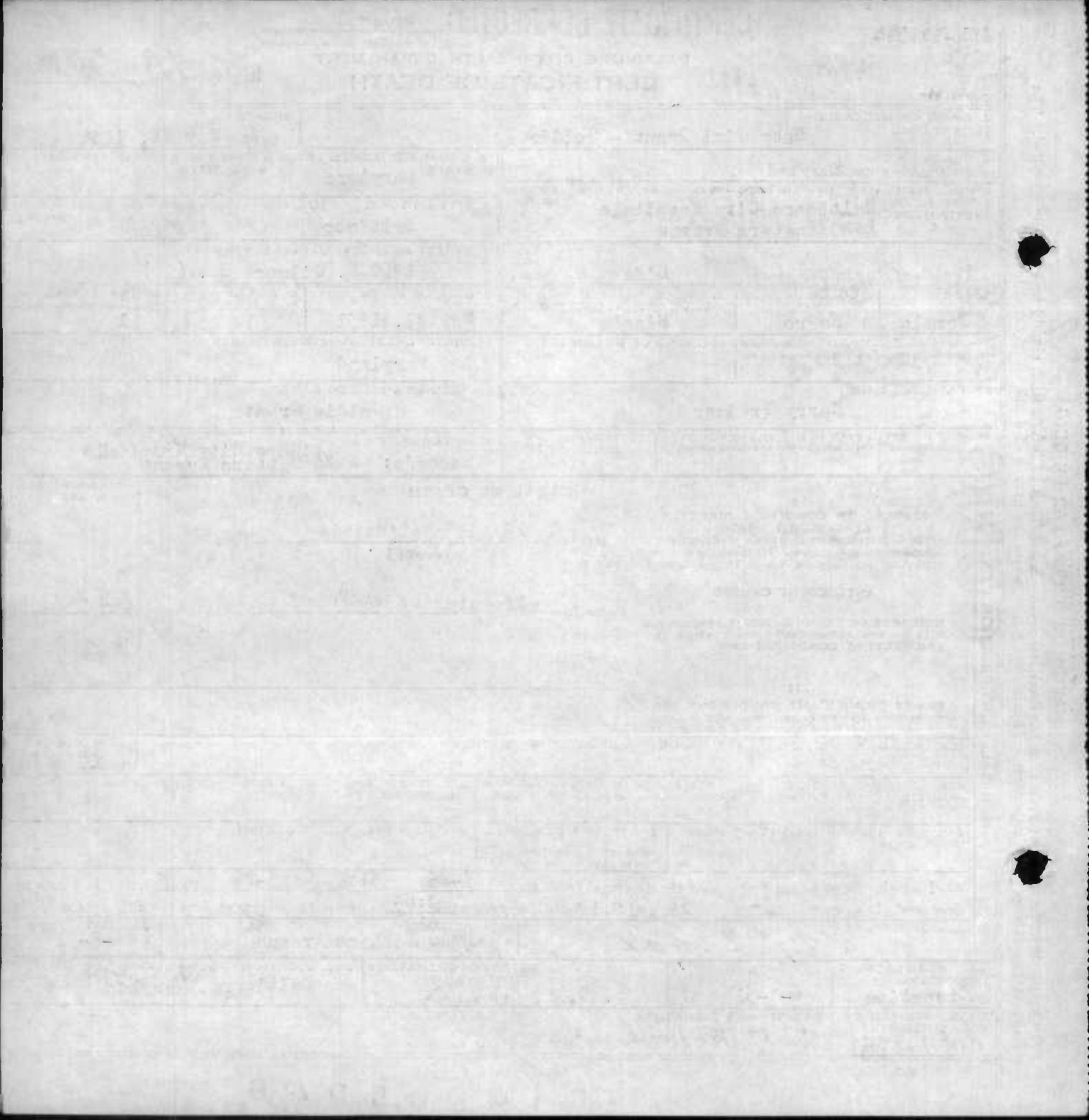
JUN 7-1951

Funerary Home, Inc.

VS 150

19510005060

159



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51 5069**

1. NAME OF DECEASED (Type or Print) Baby Boy Mack (Dorothy)		2. DATE OF DEATH May 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 645 W. Mulberry St.	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 29, 1951
9. AGE (In years last birthday)		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Harris		14. MOTHER'S MAIDEN NAME Dorothy Mack	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		18. CAUSE OF DEATH	
18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atelectasis DUE TO		INTERVAL BETWEEN ONSET AND DEATH Life	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Prematurity DUE TO		Life	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-29 , 19 51 to 5-29 , 19 51 , that I last saw the deceased alive on 5-29 , 19 51 and that death occurred at 8:10pm. , from the causes and on the date stated above.			
23A. SIGNATURE J. S. Rogers		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 6/2/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 6/2/51	
24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory		24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue	
DATE RECEIVED BY LOCAL REGISTRAR JUN 7 - 1951		REGISTRAR'S SIGNATURE W. H. Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS	

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

CHICAGO, ILL.

1924

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

452

MD- 518605070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5070

Registered No.

BIRTH NO.

51-11992

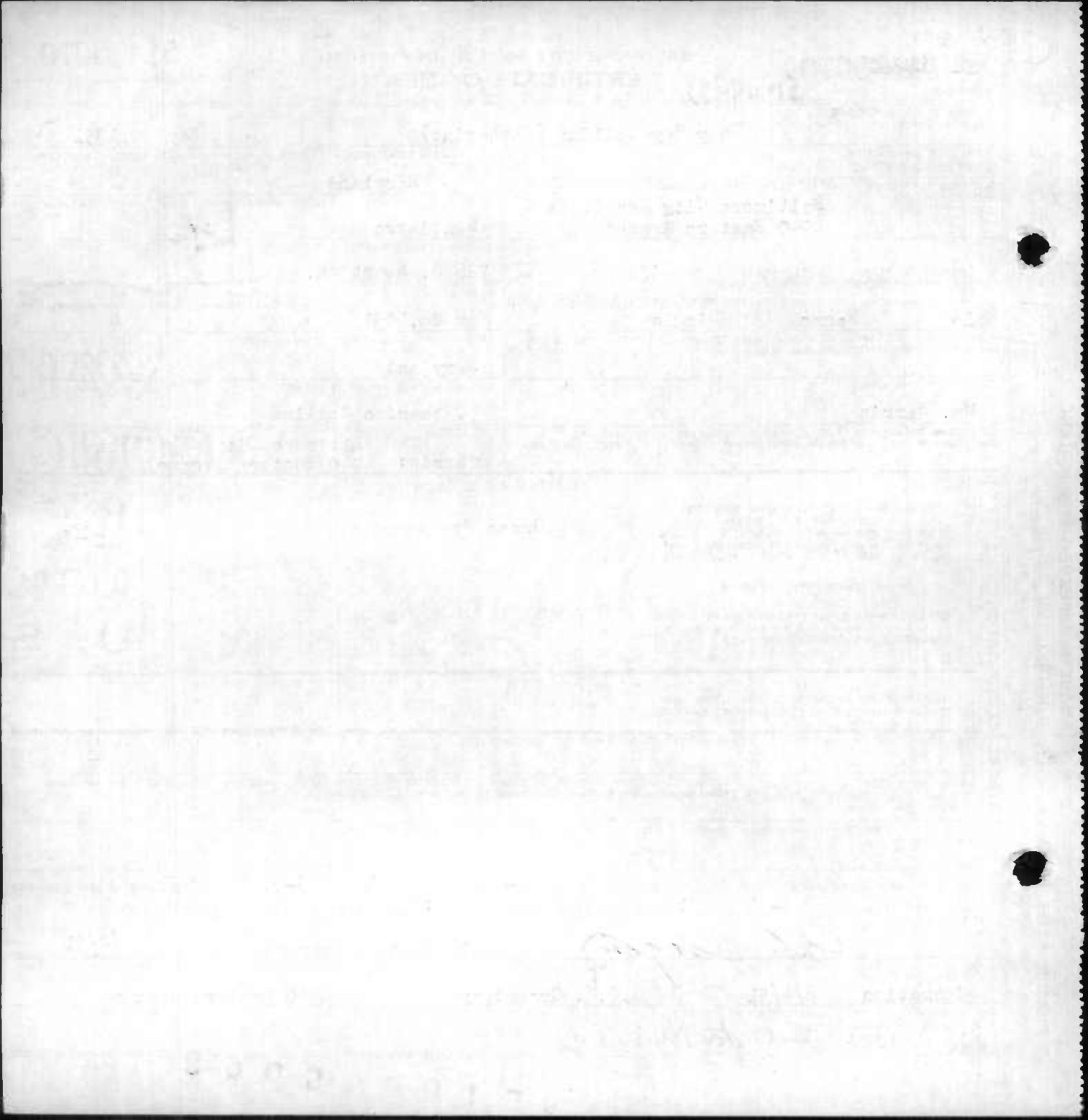
1. NAME OF DECEASED (Type or Print)		Baby Boy Collins (Catherine)		2. DATE OF DEATH May 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 728 N. Mount St.			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 26, 1951	9. AGE (in years last birthday) 4	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Wm. Harris		14. MOTHER'S MAIDEN NAME Catherine Collins			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Avenue	

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Gross Prematurity		INTERVAL BETWEEN ONSET AND DEATH Life	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-26, 1951, to 5-30, 1951, that I last saw the deceased alive on 5-30, 1951, and that death occurred at 7:15pm., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Rogers		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6/4/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 6/4/51		24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory	
24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue		25. FUNERAL DIRECTOR J. S. Rogers		25. FUNERAL DIRECTOR ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR JUN 7-1951		REGISTRAR'S SIGNATURE J. S. Rogers			

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5071

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy, Mary, Johnson

2. DATE

OF DEATH June 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1913 Penna. Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 2, 1951

9. AGE (in years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

43

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Arthur Brown

14. MOTHER'S MAIDEN NAME

Mary Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Atelectasis

DUE TO

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

Life

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Multiple Congenital Anomalies

Life

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-2, 19 51 to 6-2, 19 51 that I last saw the deceased alive on 6-2, 19 51 and that death occurred at 3:15pm., from the causes and on the date stated above.

23A. SIGNATURE

P. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

6-5-51

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Avenue

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

R. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JUN 7 - 1951

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5072

BIRTH NO. 51 5072 51.11149

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Infant Miller			May 19, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. FULL NAME OF HOSPITAL OR INSTITUTION			a. STATE		
The Johns Hopkins Hospital			Maryland		
c. Length of stay in Baltimore			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs. Mos. Days			Baltimore		
5. SEX			d. STREET ADDRESS (If rural, give location)		
Male			1611 North Caroline Street		
6. COLOR OR RACE			8. DATE OF BIRTH		
Negro			5-19-51		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			9. AGE (In years last birthday)		
Single			8-06		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
Infant			Maryland		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Eddie Miller			Anne Coffey (563634)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
No			17. INFORMANT ADDRESS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			Hospital Records		

18. 761.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A)		Immaturity			
DUE TO					
ANTECEDENT CAUSES		(B) Premature labor			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) Premature rupture of membranes			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-19, 1951, to 5-19, 1951, that I last saw the deceased alive on 5-19, 1951, and that death occurred at 1:10 P. M., from the causes and on the date stated above.					
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED	
George W. Corner, Jr.		The Johns Hopkins Hospital		5-22-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
				Hop. Disposal	
24d. LOCATION (City, town, or county)		24e. FUNERAL DIRECTOR		24f. ADDRESS	
JUN 7-1951					

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Inventory

Preservation Lab
Inventory of Manuscripts

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5073

BIRTH NO.

1. NAME OF DECEASED ORVAL E. COVEY
(Type or Print)
Known as JACK COVEY

2. DATE OF DEATH June 6, 1951

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Marine Hospital
INSTITUTION Wyman Pk. Drive & 31st St.4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Florida B. COUNTY V-08C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
KendallD. STREET ADDRESS (If rural, give location)
Box 432

c. Length of stay in Baltimore 20 days

Yrs.
Mos.
Days

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

8/14/03

9. AGE (In years last birthday)

47

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Master10B. KIND OF BUSINESS OR INDUSTRY
Seafarer

11. BIRTHPLACE (State or foreign country)

Iowa

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Charles Covey

14. MOTHER'S MAIDEN NAME

Valley Brandell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
?16. SOCIAL SECURITY NO.
?17. INFORMANT ADDRESS
Records- US Marine Hospital, Balto, Md.

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Postoperative state (thoracotomy) for carcinoma right lung; rupture through tumor with formation of bronchopleural fistula; extensive subcutaneous emphysema.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Mitral stenosis and insufficiency.
(C) Emphysematous blebs right and left lungs.II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
6/5/5119B. MAJOR FINDINGS OF OPERATION
Carcinoma right lung20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1951, to June 6, 1951, that I last saw the deceased alive on June 6, 1951, and that death occurred at 8:05A m., from the causes and on the date stated above.

23A. SIGNATURE
John L. Wilson, Medical Director23B. ADDRESS
US Marine Hospital, Balto, Md.23C. DATE SIGNED
6/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial June 8/51 Morrelland Park Taylor Ave, Md

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

JUN 7-1951 Huntington Williams, Md Austin E. Donovan-3818 Polans Ave

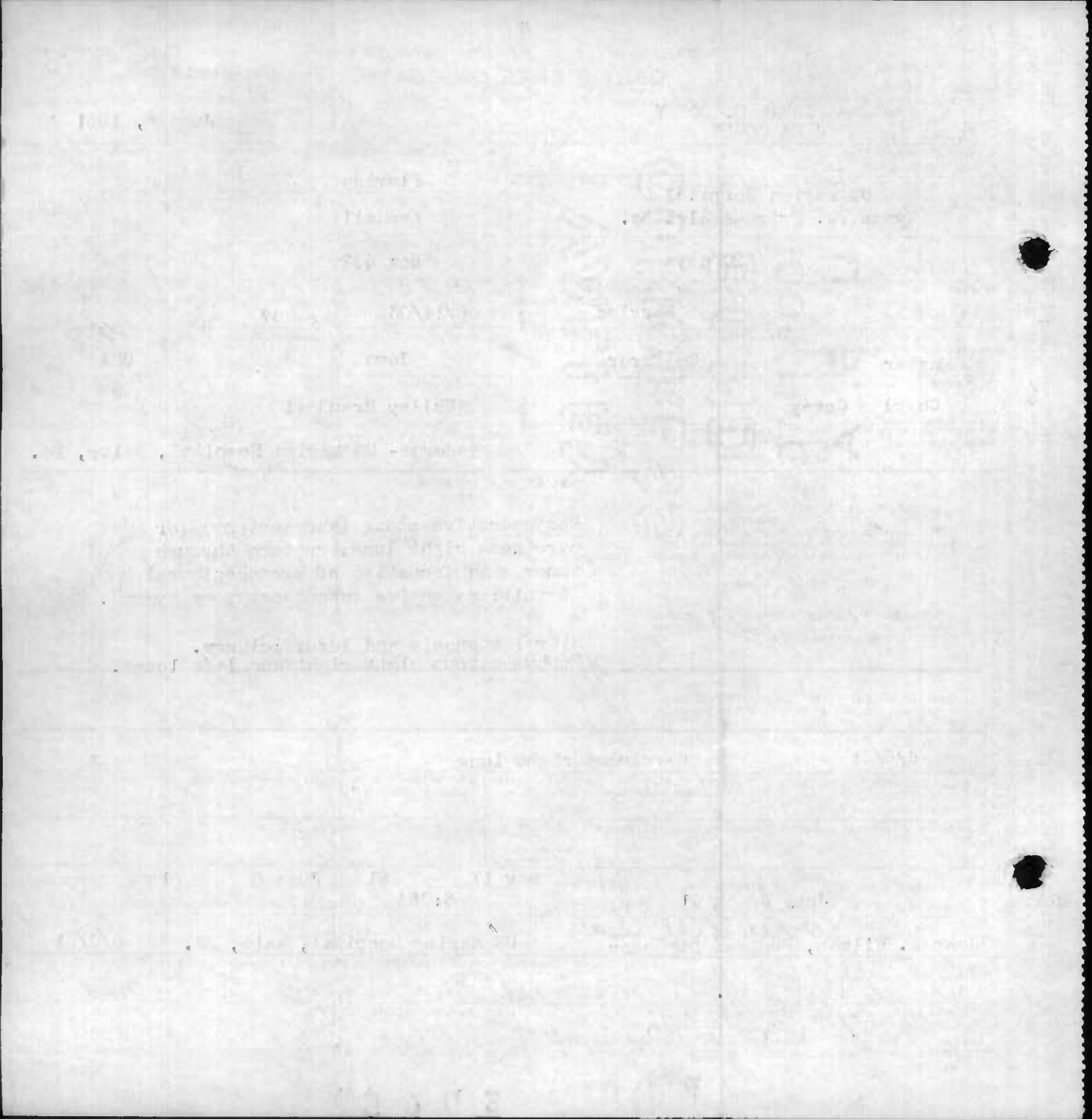
VS 150

1951 40055 5065

471

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

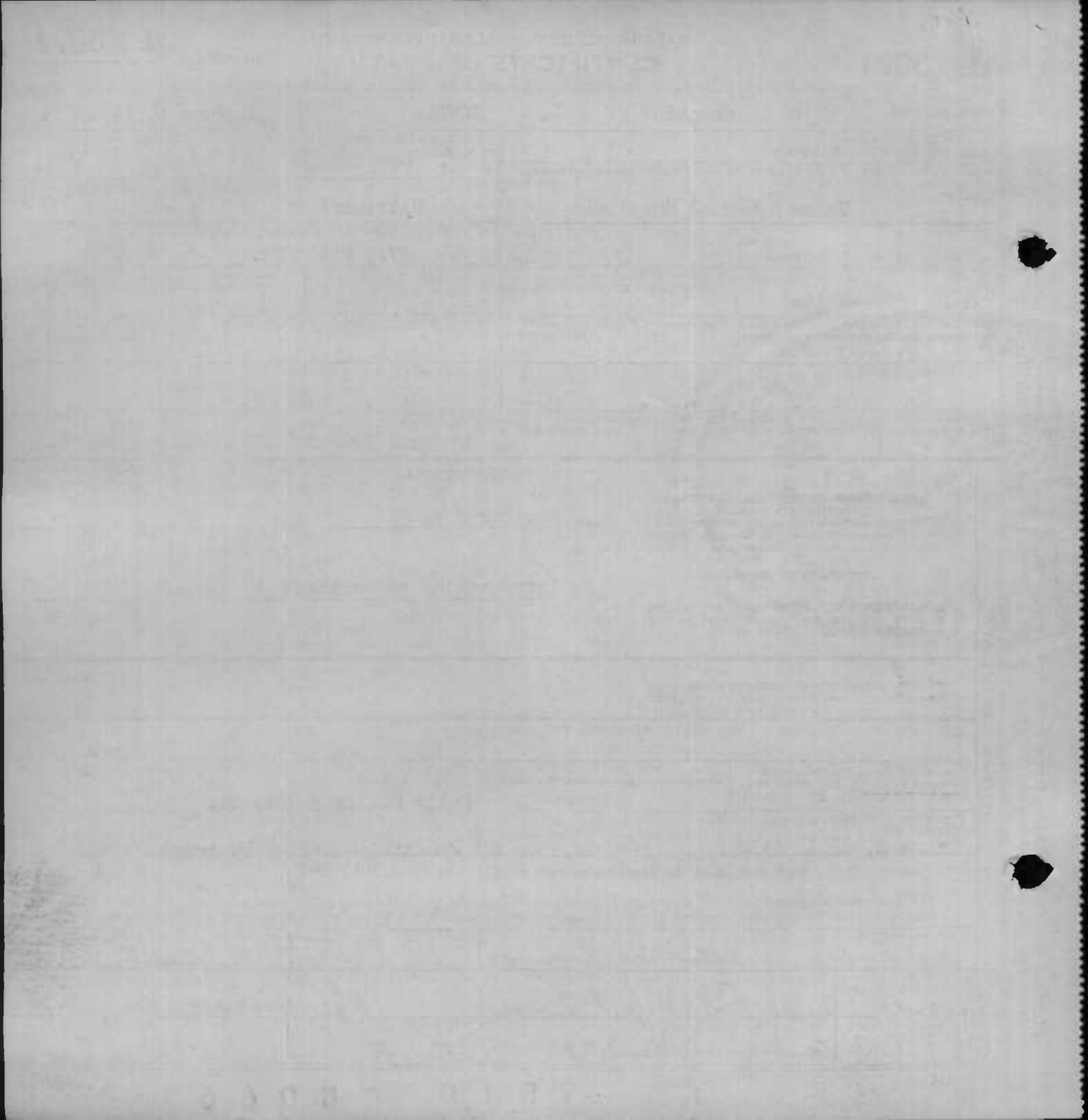


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51 5074**BIRTH NO. **51 5074**

1. NAME OF DECEASED (Type or Print) Kenneth L. FOWBLE			2. DATE OF DEATH June 5, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3725 Falls Rd.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov 12, 1942	9. AGE (In years last birthday) 8 yrs	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Raymond F. Fowble, Jr.			14. MOTHER'S MAIDEN NAME Grace E. Steffey.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Raymond Fowble 3725 Falls Road.		

18. E812.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fractured skull (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Intracranial hemorrhage (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Falls Rd. near 38th St.			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 4, 1951 5:30 P m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by truck			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Deuschler</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED June 6, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 8/51	24C. NAME OF CEMETERY OR CREMATORY Western	24D. LOCATION (City, town, or county) (State) Edmondson Ave, Md		
DATE RECEIVED BY LOCAL REGISTRAR JUN 7 - 1951		REGISTRAR'S SIGNATURE <i>Winston Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS Justin E. Sonoran 3818 Roland Ave	



P-362
51 5075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5075
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIA J. PATTERSON

2. DATE
OF
DEATH

JUNE 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-4

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, state RURAL and give
township)

BALTIMORE

c. Length of stay in Baltimore

50 YRS

D. STREET ADDRESS (If rural, give location)

1731 ELLSWORTH ST.

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

8-2-85

9. AGE (In years
last birthday)

65

If Under 1 Year
Months Days If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO. CO. MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ABE PATTERSON

14. MOTHER'S MAIDEN NAME

Elizabeth HILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 260 x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PYELONEPHRITIS YUDEMIA

3 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) DIABETES MELLITUS

4 YRS.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 5-15-1951, to 6-3-1951, that I last saw the
deceased alive on 6-3-1951, and that death occurred at 9:00 PM., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Stokes III M.D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-4-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 7-1951

REGISTRAR'S SIGNATURE

Montgomery Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Payner Sanders

VS 150

1951 0205062
1412 E. Preston St. 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

202

1900-1901

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 5076

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SHARON

BROWN

2. DATE
OF
DEATH

June 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION
University Hospital

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

637 Hillview Rd.

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-22-51

9. AGE (in years
last birthday)If Under 1 Year
Months: Days

5

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Leroy Brown

14. MOTHER'S MAIDEN NAME

Mary Averett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Leroy Brown 637 Hillview Rd.

18. E921.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aspiration of vomitus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

634 Hillview Rd.

21D. TIME (Month) (Day) (Year) (Hour)

June 4, 1951 abt. 1:30 P.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Aspiration of vomitus

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley K. Dunleavy M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR23C. DATE SIGNED
June 5, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 7-1951

Huntington Williams, M.D.

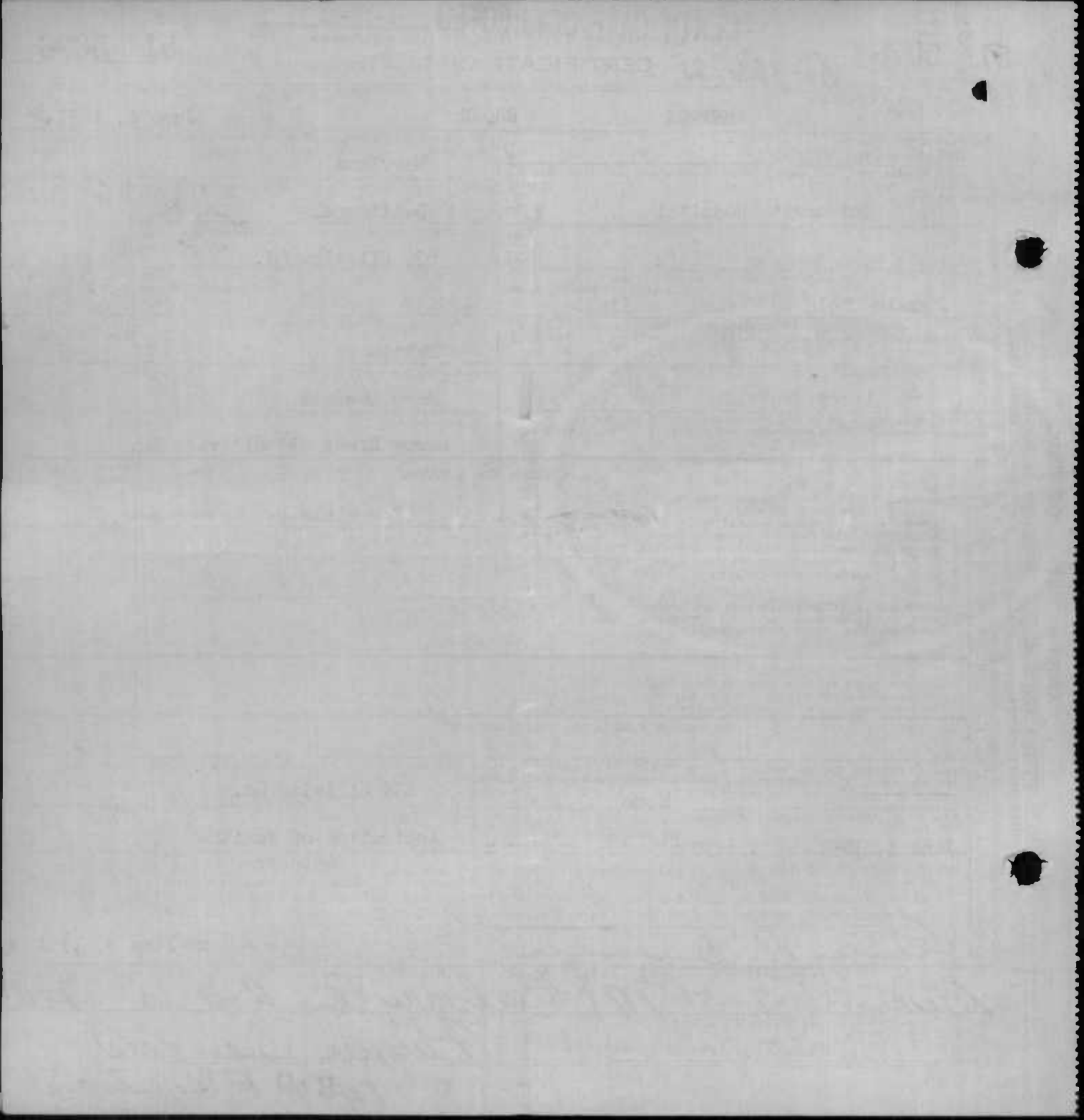
Rayner Sanders 1957

VS 151

N 933.0

195100

1442A E. Preston, SA



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5077

Registered No. _____

BIRTH NO. 51 5077

1. NAME OF DECEASED (Type or Print) Catherine Maria Riley			2. DATE OF DEATH June 5, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) 1131 Wicomico Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 8, 1871	9. AGE (in years last birthday) 80	10. Under 1 Year Months: Days _____ 11. Under 24 Hours Hours: Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME William H. Zimmerman			14. MOTHER'S MAIDEN NAME Elizabeth ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Hospital Records			ADDRESS _____		
18. E902.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of Right Hip DUE TO Arteriosclerotic Cardio Vascular Disease			INTERVAL BETWEEN ONSET AND DEATH 3 weeks		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CERTIFICATION APPROVED BY <i>[Signature]</i> M. D. CHIEF OR ASST. MEDICAL EXAMINER.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY / YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1131 Wicomico Street	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 6, 1951 - 6 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell out of chair	
22. I hereby certify that I attended the deceased from 6/5 , 1951, to 6/5 , 1951, that I last saw the deceased alive on 6/5 , 1951, and that death occurred at 8 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS University Hospital		23c. DATE SIGNED 6/5/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/9/51		24c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24d. LOCATION (City, town, or county) (State) Baltimore, Maryland					
DATE RECEIVED BY LOCAL REGISTRAR JUN 7 - 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc. 1217 St. Paul Street	

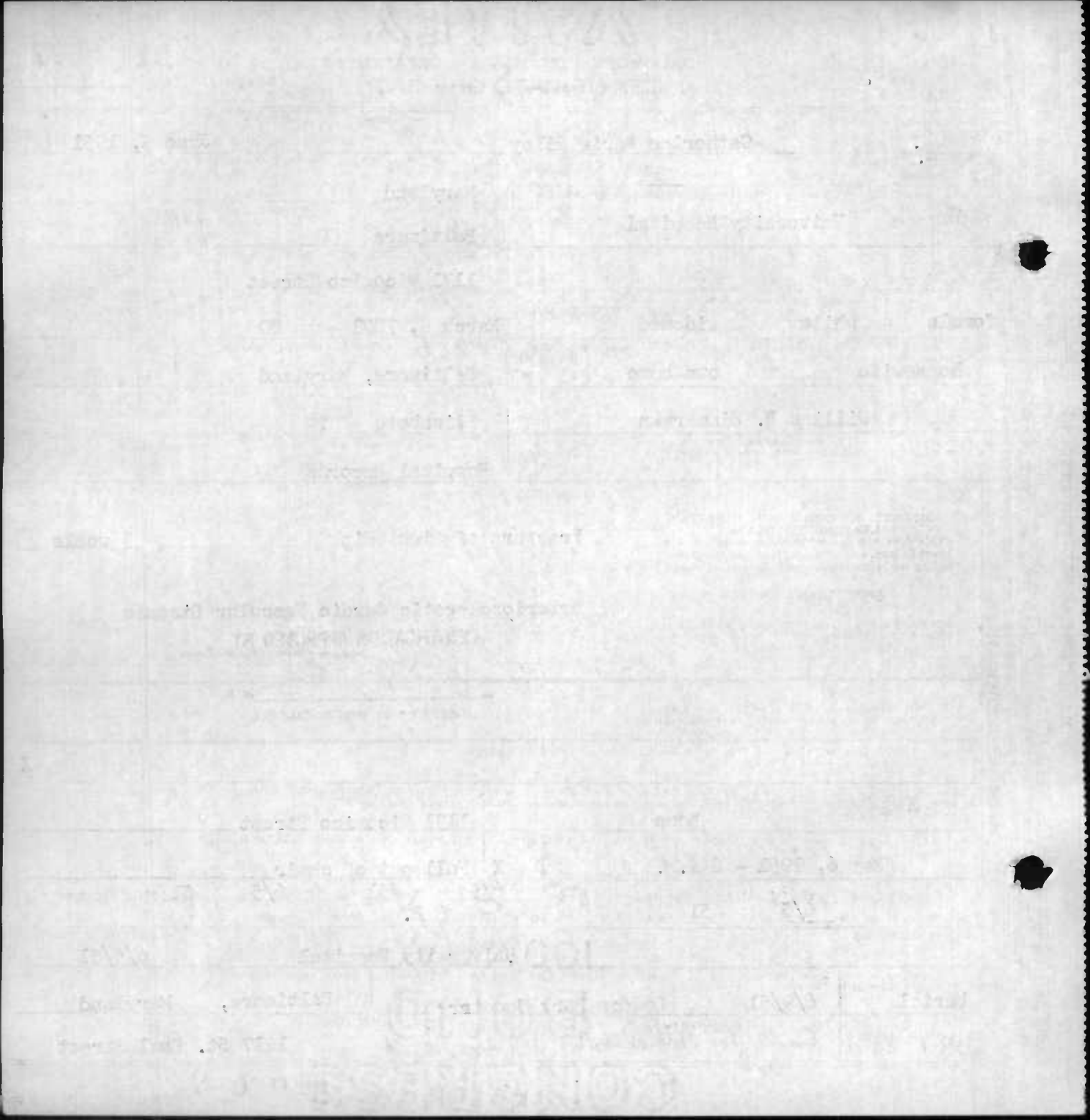
VS 150

N 820.0

10005067 / 86a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5078

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT

MACK

2. DATE
OF
DEATH June 6, 19513. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

114 W. 25th St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

114 W. 25th St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 1888

9. AGE (in years
last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Ret. Printer10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Tennessee

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Mack

14. MOTHER'S MAIDEN NAME

Orlena Betz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
409-10-611817. INFORMANT ADDRESS
Wilbert Groom, 2017 N. Charles Street

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR23C. DATE SIGNED
June 6, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/9/51

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cemetery

24D. LOCATION (City, town, or county)

Towson,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 7 - 1951

Wm Cook, Inc.

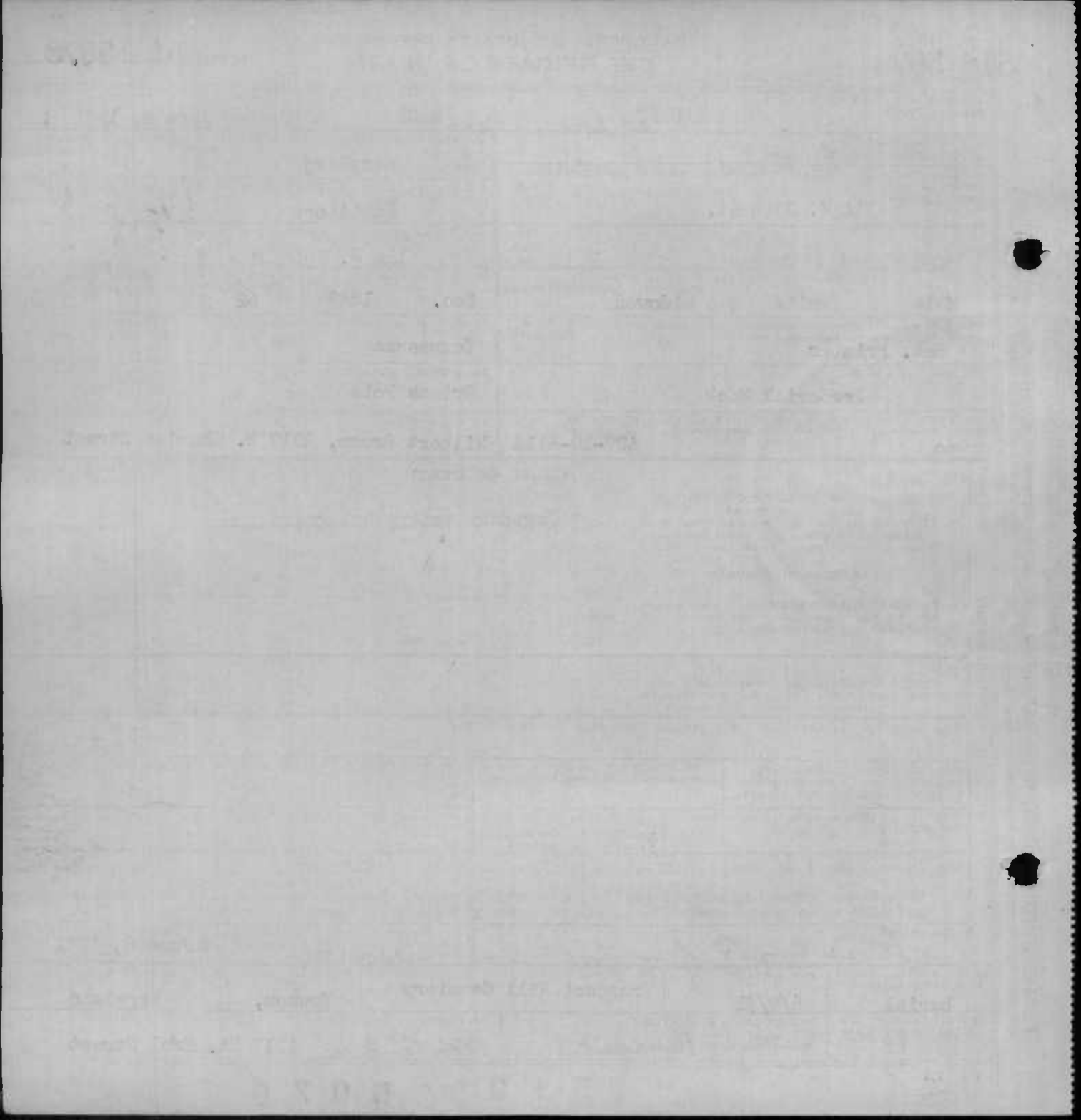
1217 St. Paul Street

VS 151

51 5078

94a ✓

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5079**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura Fuller

2. DATE
OF
DEATH

June 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1629 Thomas Ave.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 5, 1874

9. AGE (In years
last birthday)

76

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unk.

14. MOTHER'S MAIDEN NAME

Unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Bessie Curtis 1629 Thomas Ave.

18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan 10, 1951** to **6-5, 1951**, that I last saw the
deceased alive on **6-5, 1951** and that death occurred at **1 A. M.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6-8-51

Mt. Auburn Cem.

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 7 - 1951

William H. Williams, Jr.

Metropolitan Funeral Home

578 W. Biddle St.

CERTIFICATE OF DEATH

WALTER

COLLIER

EDWARD

LOU

1915

G. 650
51 5080BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5080

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN WESLEY GRAHAM

2. DATE
OF
DEATH

June 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1648 Lockwood Rd.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1648 Lockwood Rd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 19, 1868

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unknown

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William H. Graham

14. MOTHER'S MAIDEN NAME

Nicea Deal

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Mae Graham - 1648 Lockwood Rd.

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma esophagus

6 mos

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐HOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1951, to June 6, 1951, that I last saw the
deceased alive on June 6, 1951, and that death occurred at 2:24 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Newland Edward Day

M. D.

23B. ADDRESS

4-E-33rd St - 18 -

23C. DATE SIGNED

June 7, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

6/7/51

24C. NAME OF CEMETERY OR CREMATORY

Cross Creek Cem.

24D. LOCATION (City, town or county)

Fayetteville, N. C.

DATE RECEIVED BY
LOCAL REGISTRAR

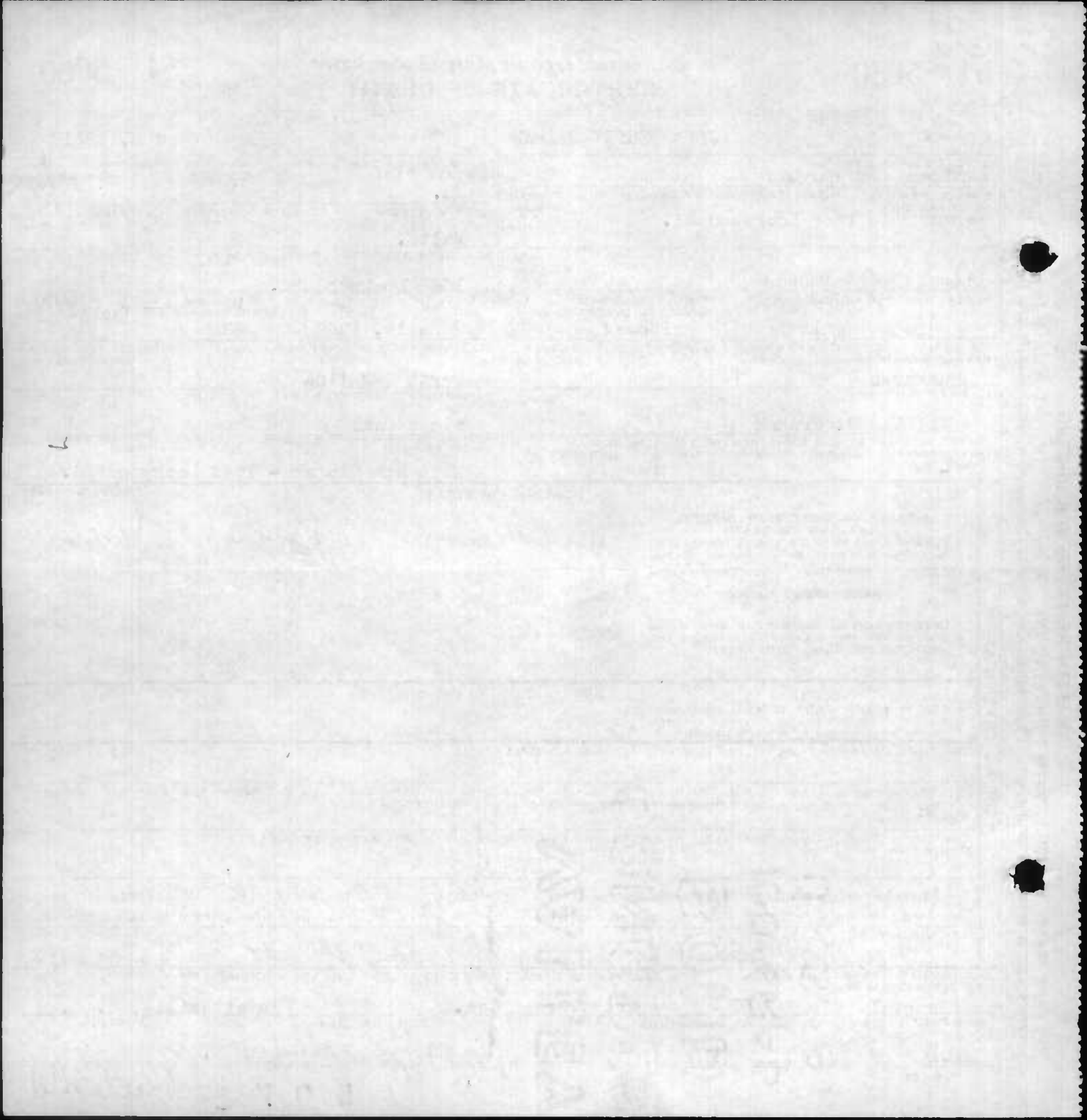
JUN 7-1951

REGISTRAR'S SIGNATURE

M. J. Tichenor & Sons

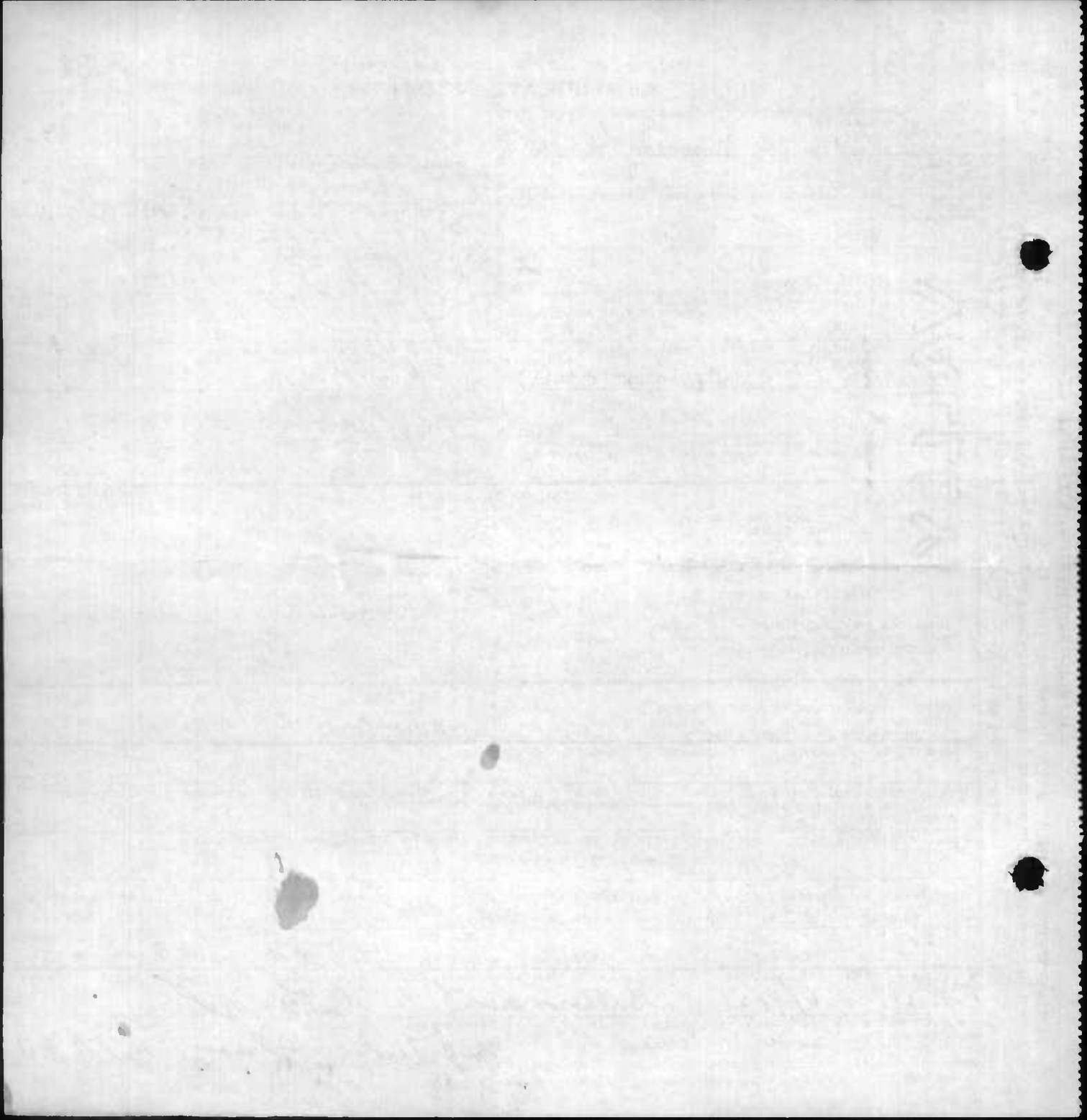
25. FUNERAL DIRECTOR

ADDRESS



W 656
51 5081BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5081
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CARLTON Alexander WARNER		2. DATE OF DEATH June 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 808 N. BROADWAY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BAITIMORE-5 7-05			
C. Length of stay in Baltimore 58 Yrs. 5 Mos. 2 Days		D. STREET ADDRESS (If rural, give location) 808 N. BROADWAY			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-7-1893	9. AGE (In years last birthday) 58	If Under 1 Year Months: 5 Days: 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK		10B. KIND OF BUSINESS OR INDUSTRY Stationery (retail)		11. BIRTHPLACE (State or foreign country) BAITIMORE	
13. FATHER'S NAME FRANK O. WARNER		14. MOTHER'S MAIDEN NAME Adelaide ABRAMS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. W. WAR I 1917 215-10-6649		17. INFORMANT ADDRESS MRS. J. HORTENSE WARNER	
18. 420.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary Occlusion DUE TO			
ANTECEDENT CAUSES		(B) Arteriosclerosis DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) ? Collagen System Disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Chronic Rheumatoid Arthritis			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from SEPT. 1943 , to 6-6 , 19 51 , that I last saw the deceased alive on 6-6 , 19 51 , and that death occurred at 1:00 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Natharine H. Bortkovich M.D.		23B. ADDRESS 11 E. Chase St. Balt. Md		23C. DATE SIGNED 6-6-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/9/51		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) Balt. Md		25. FUNERAL DIRECTOR Wm J. Tichner + Sons		ADDRESS Balt Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 7-1951		REGISTRAR'S SIGNATURE William J. Tichner		VS 150 342651000507 94a	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5082

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN FRENCH SCHILLINGER

2. DATE
OF
DEATH

June 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3508 Walbrook Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3508 Walbrook Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Andrew French

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

AV

Mr. H. Newton Schillinger - 3508 Walbrook

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 hr

about 7 Mo.

P

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1950, to June 5, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 9 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/8/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

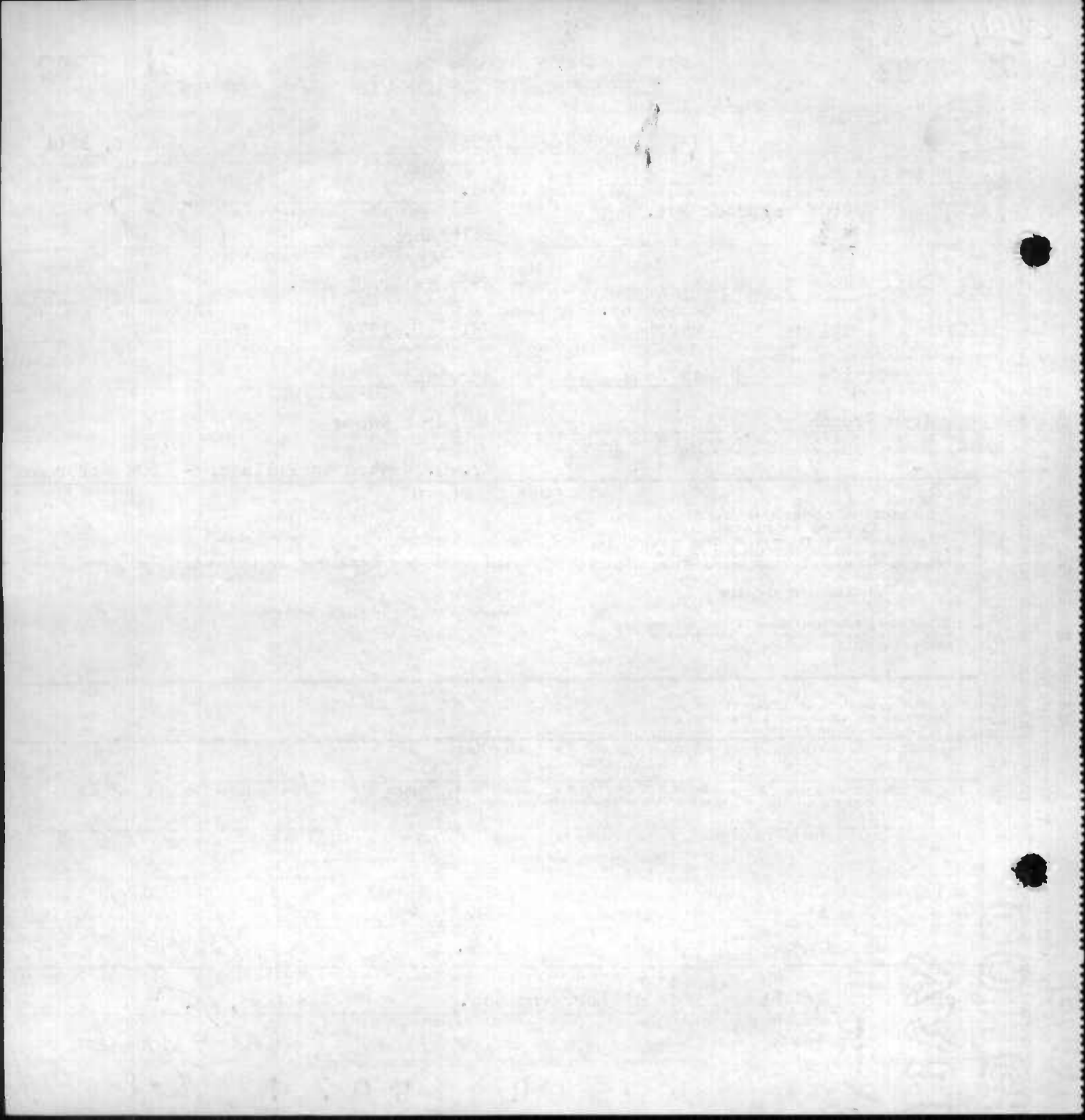
ADDRESS

VS 150

1951 000507435 Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5083

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BIRTH NO. 51 164 5083		1. NAME OF DECEASED (Type or Print) Louis SchipFERling		2. DATE OF DEATH June 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Maryland General Hospital		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY Anne Arundel			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN Glen Burnie		D. STREET ADDRESS (If rural, give location) 9 Fourth Ave South West	
c. Length of stay in Baltimore 2 DAYS		5. SEX MALE		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 6, 1869		9. AGE (In years last birthday) 82	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CABINET MAKER (RETIRED)		10B. KIND OF BUSINESS OR INDUSTRY REINLE SELLMAN CO		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME George SchipFERling		14. MOTHER'S MAIDEN NAME UNKNOWN		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS. RICHARD GREENWELL	
18. 154 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Adenocarcinoma of the rectum with abdominal metastases		CAUSE OF DEATH (A) Adenocarcinoma of the rectum with abdominal metastases (B) metastases (C) 		INTERVAL BETWEEN ONSET AND DEATH 	
19A. DATE OF OPERATION June 4, 1951		19B. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Rectum with abdominal metastases		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? 	
22. I hereby certify that I attended the deceased from June 4, 1951 , to June 6, 1951 , that I last saw the deceased alive on June 6, 1951 , and that death occurred at 7:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE W. W. Singleton		23B. ADDRESS MARYLAND General Hospital		23C. DATE SIGNED June 6, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE JUNE 9, 1951		24C. NAME OF CEMETERY OR CREMATORY LONDON PARK	
24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.		25. FUNERAL DIRECTOR T. W. SINGLETON		ADDRESS 1000 5th	
DATE RECEIVED BY JUN 7 - 1951		REGISTRAR'S SIGNATURE W. W. Singleton		25. FUNERAL DIRECTOR T. W. SINGLETON	

[Faint, illegible handwriting on lined paper]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5084
Registered No. 51 5084

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lottie B. Hynes

2. DATE
OF
DEATH

JUNE 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write full name of township)

BALTIMORE

C. Length of stay in Baltimore

45 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

807 HOLLINS ST.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7-30-84

9. AGE (In years,

last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank Cromer

14. MOTHER'S MAIDEN NAME

Martha Holland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

TED JOHNS HOPKINS HOSPITAL

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA OF COLON

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15-1951, to 6-6-1951, that I last saw the deceased alive on 6-6-1951, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

R E Wells

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/9/51

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

3801 Frederick Ave

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

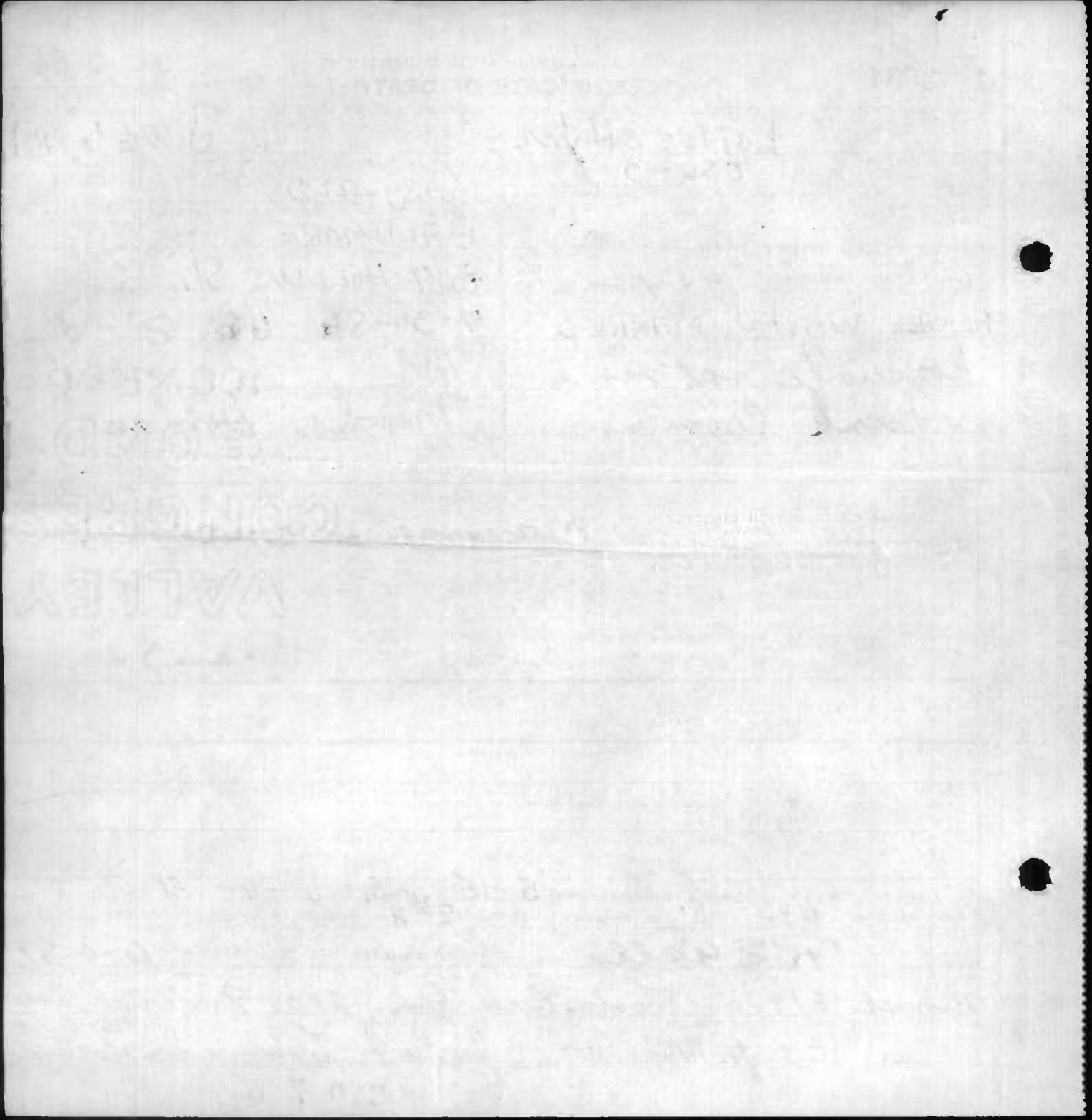
John J. Lowan & Son, Hopkins

JUN 7-1951

VS 150

9510005076

46E



W 426
51 5085

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

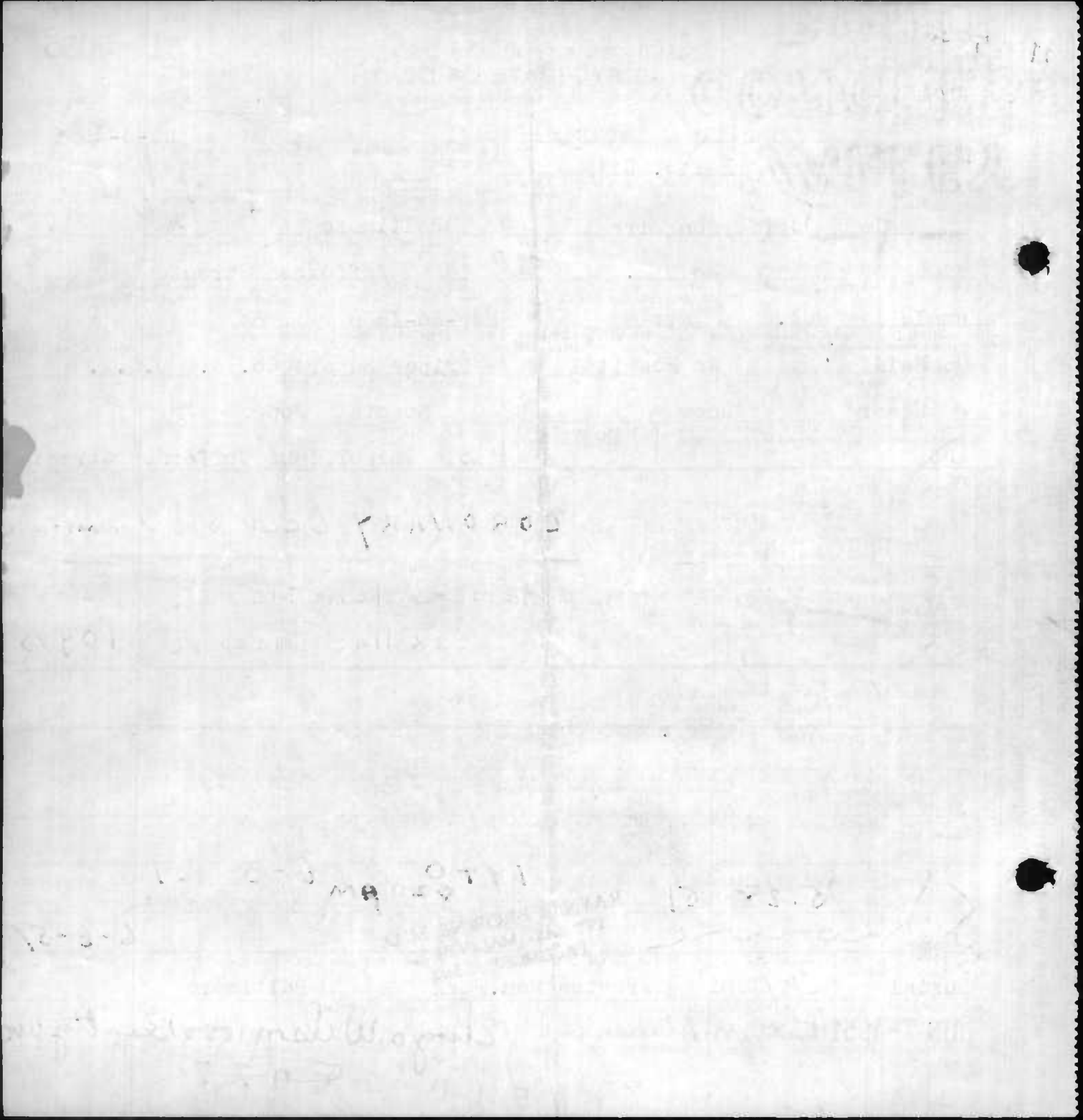
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5085
Registered No.

BIRTH NO.		2. DATE OF DEATH June-3-1951	
1. NAME OF DECEASED (Type or Print) Priscilla Walker		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1825 Jefferson Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 33 Yrs.		D. STREET ADDRESS (If rural, give location) 1825 Jefferson Street	
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb-26-1888
9. AGE (In years last birthday) 63		10. BIRTHPLACE (State or foreign country) Prince Edward Co. Va.	
11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edward Jones		14. MOTHER'S MAIDEN NAME Roseta Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Lois Walker		ADDRESS 1825 Jefferson Street	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY Occlusion		INTERVAL BETWEEN ONSET AND DEATH immediate	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arterio-sclerotic		DUE TO cardiac disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1940 to 1951 that I last saw the deceased alive on 5.28.1951 and that death occurred at 8:20 PM from the causes and on the date stated above.			
23A. SIGNATURE Rayner Brown		23B. ADDRESS 1500 EAST MADISON BALTIMORE, MD	
23C. DATE SIGNED 6-6-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/7/1951	
24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUN 7-1951		REGISTRAR'S SIGNATURE Linton Williams, Jr.	
25. FUNERAL DIRECTOR Elroy Wilson		ADDRESS 1000 Beatty Ave	

VS 150

790 85 10005077 935



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5086

BIRTH NO. 51 5086

1. NAME OF DECEASED (Type or Print) <i>Thomas Edward Webster</i>			2. DATE OF DEATH <i>4 June 51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mersey Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
c. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>1035 Brantley St.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>col.</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>15 Feb 1869</i>	9. AGE (In years last birthday) <i>82</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of last life, even if retired) <i>Porter</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Gen. Co.</i>		
11. BIRTHPLACE (State or foreign country) <i>Ind.</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Charles? Webster</i>			14. MOTHER'S MAIDEN NAME <i>Jane? Webster</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i> (If yes, give war or dates of service) <i>?</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Hospital Records</i>			ADDRESS		

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coro. Heart Failure</i> (A)		INTERVAL BETWEEN ONSET AND DEATH <i>1 wk +</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST <i>Art. Scler. Hypert. heart dis.</i> (B) <i>and</i> (C) <i>Flu</i>		? ? ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 51</i> , to <i>4 June 51</i> , that I last saw the deceased alive on <i>4 June 51</i> and that death occurred <i>1045 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Fowler F. White</i>		23B. ADDRESS <i>Mersey</i>		23C. DATE SIGNED <i>4 June 51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>6-8-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>Elioy O. Wilson</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 7-1951</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		ADDRESS <i>1000 Brantley Ave</i>	

VS 150

19510005028

937

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5087**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

ALBERT E. BOWMAN

2. DATE OF DEATH

June 6 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MD.

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Ventnor Lodge
600 S. Chapel Gate Lane**

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

19 N. Carey St.

c. Length of stay in Baltimore

25 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Feb. 7, 1883

9. AGE (In years, last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Western Md. R. R.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

A. W. Bowman

14. MOTHER'S MAIDEN NAME

Virginia-----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (Daughter)

ADDRESS

Mrs. Mary Bowman Cather, Winchester, Va.

 18. **443X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

CHRONIC MYOCARDITIS AND

 (A) **MYOCARDIAL DEGENERATION**

 DUE TO **CHRONIC DECOMPESTATION**

INTERVAL BETWEEN ONSET AND DEATH

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B) **Hypertensive Cardiovascular years DISEASE**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT WORK ☐

 NOT WHILE AT WORK ☐

 22. I hereby certify that I attended the deceased from **JANUARY 11, 1950** to **June 6, 1951**, that I last saw the deceased alive on **June 5, 1951**, and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Melvin H. Borden

23B. ADDRESS

2030 W. Fayette St

23C. DATE SIGNED

6/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 8/51

24C. NAME OF CEMETERY OR CREMATORY

Mennonite Cemetery, York Rd., Hanover, Pa.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 7-1951

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25 FUNERAL DIRECTOR

Harry H. Witte

ADDRESS

4101 Edmondson Ave.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

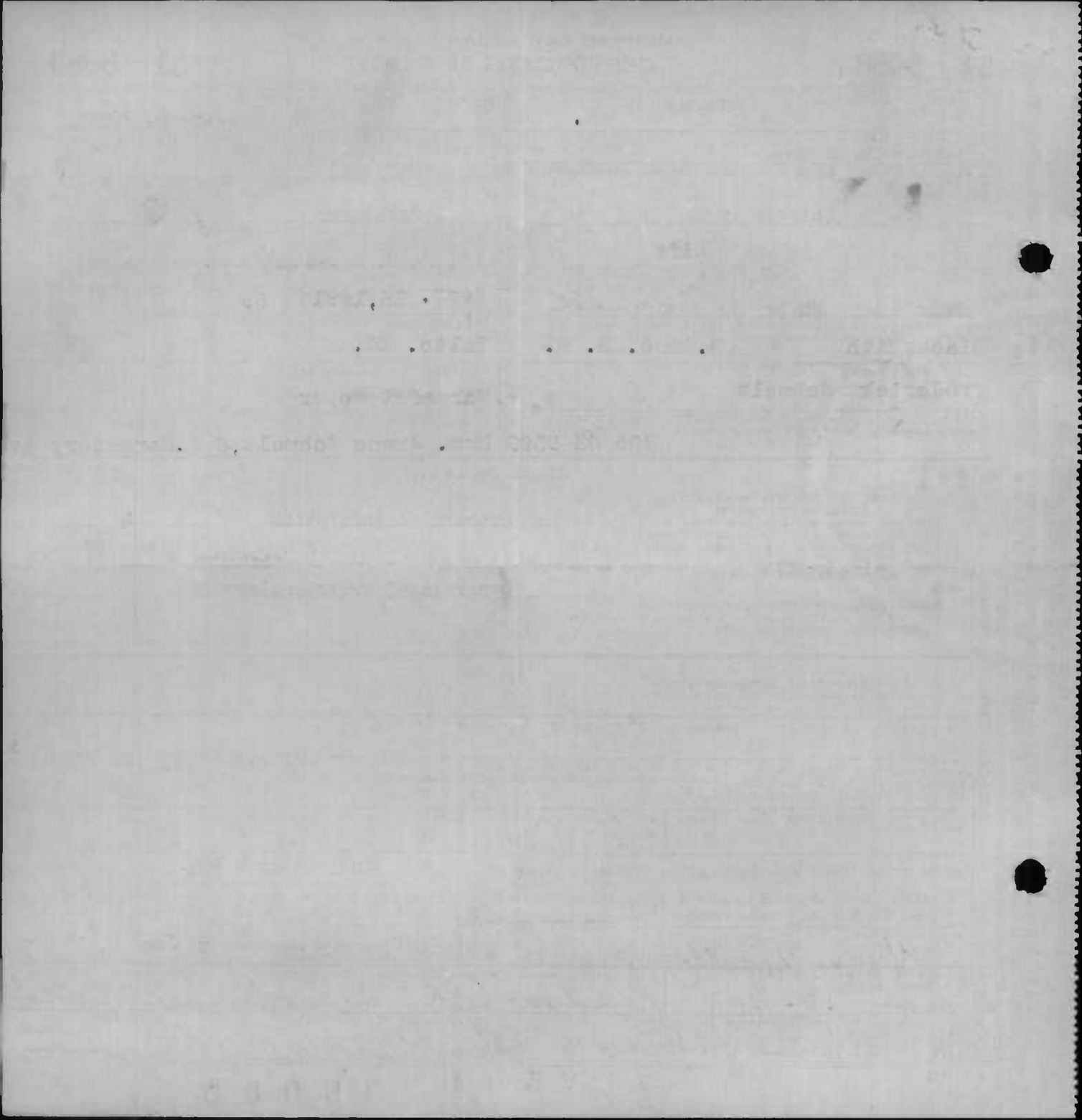
Registered No. 5088

542
51 5088
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		CHARLES E. SCHMELZ		2. DATE OF DEATH June 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write rural and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 6 S. Monastery Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 16, 1891	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days: 11. Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10B. KIND OF BUSINESS OR INDUSTRY B. & O. R. R.	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frederick Schmeltz			14. MOTHER'S MAIDEN NAME Margaret Meyer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 705 03 9399	17. INFORMANT ADDRESS Mrs. Irene Schmeltz, 6 S. Monastery Ave.		
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial infarction DUE TO ANTECEDENT CAUSES (B) Generalized arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Smith		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D.		23C. DATE SIGNED June 6, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/9/51	24C. NAME OF CEMETERY OR CREMATORY Laudon Pk.	24D. LOCATION (City, town, or county) (State) Baltimore 29. Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 7-1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harry A. Ditzler		ADDRESS 4101 Edmondson Ave.	

VS 151

5019501000508094a ✓



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5089

Registered No. _____

BIRTH NO. _____

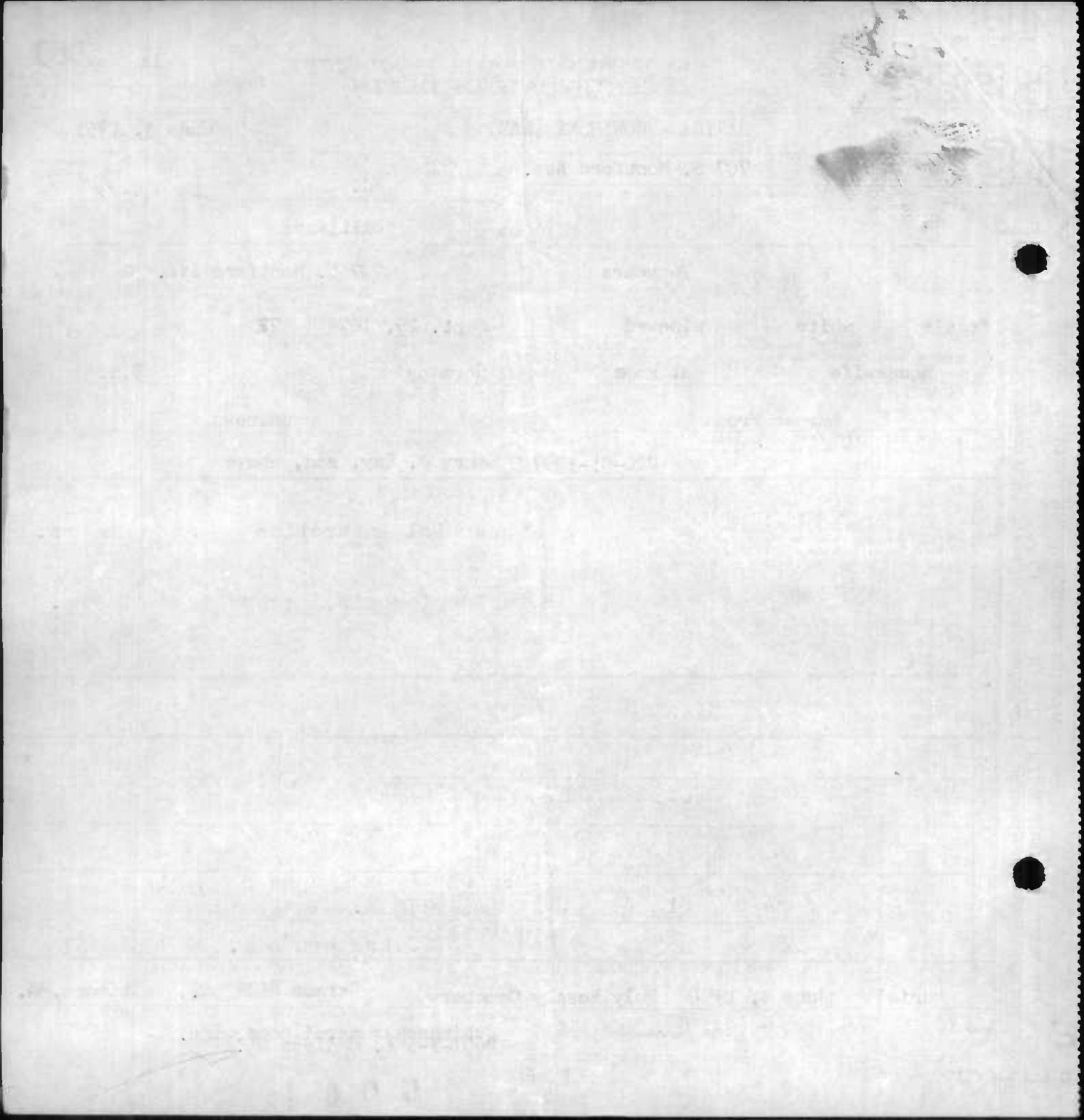
1. NAME OF DECEASED (Type or Print) MARTHA A ROMINSKI (RAY)		2. DATE OF DEATH June 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 707 S. Montford Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 76 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 707 S. Montford Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 29, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 72 If Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME August Pruss		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220-05-3997 D	
17. INFORMANT Henry J. Ray, son, above		ADDRESS _____	

18. 420.1 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction		6 hrs.
DUE TO (A) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis, Generalized		5 Yrs.
DUE TO (B) _____		
DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 23 , 19 50 , to June 5 , 19 51 , that I last saw the deceased alive on June 5 , 19 51 , and that death occurred at 8:15 A.M. from the causes and on the date stated above.				
23A. SIGNATURE <i>Clarence W. LeDoux</i> M.D.		23B. ADDRESS 3023 Eastern Ave.		23C. DATE SIGNED 6/5/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 8, 1951	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery	24D. LOCATION (City, town, or county) (State) German Hill Rd., Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.		

JUN 7-1951

94a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5090

Registered No. _____

51 5090

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Spencer Nash

2. DATE
OF
DEATH

June 6. 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland 911 N. Fremont Ave

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

None

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

a. STATE b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

d. STREET ADDRESS (If rural, give location)

911 N. Fremont Ave

c. Length of stay in Baltimore

59 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 10. 1891

9. AGE (In years;
last birthday)

59

10. Under 1 Year
Months: Days

9 26

11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shipping Clerk

10b. KIND OF BUSINESS OR
INDUSTRY

Clothing Factory

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Spencer Nash

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

War I.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Estella Nash. 911 N. Fremont Ave.

18.

42010

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

9

1 day

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-29, 1951, to 6-6, 1951, that I last saw the
deceased alive on 6-6, 1951, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

June 10, 1951

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24d. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 7-1951

James A. Hayes, 638 N. Gilmore St.

James A. Hayes, 638 N. Gilmore St.

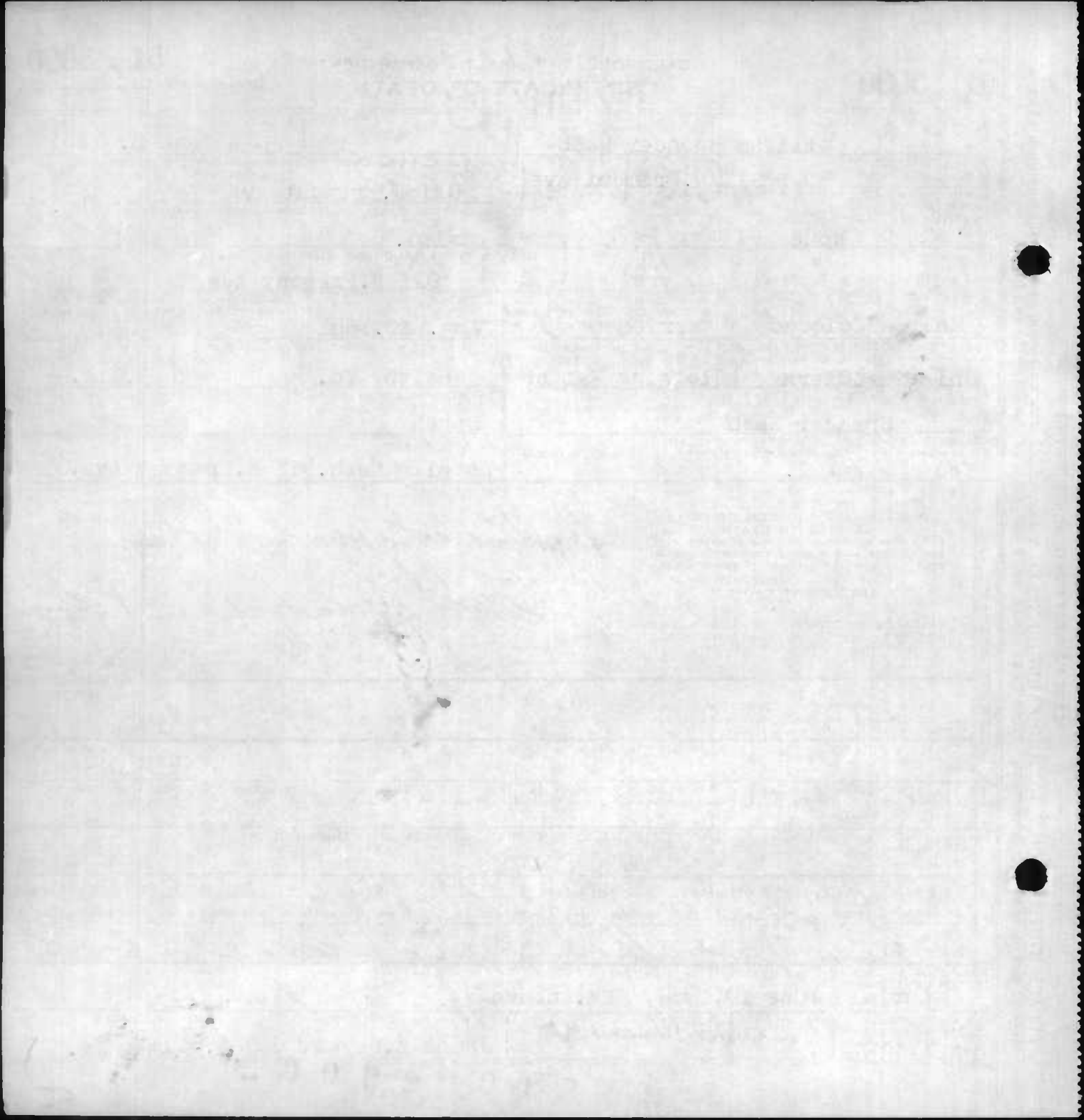
VS 150

1 952 148 005002

927

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5091

BIRTH NO.

51 5091 S. 530

1. NAME OF DECEASED (Type or Print) Irene Smith			2. DATE OF DEATH 6-6-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ministry Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ju880ps		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Washington Blvd. 5200		
5. SEX F	6. COLOR OR RACE B	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH August 1905		9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY INN	11. BIRTHPLACE (State or foreign country) White Oak SC.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Gus Ginyard			14. MOTHER'S MAIDEN NAME Judy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Frederick Smith		
			ADDRESS 1207 Greenmount		

MEDICAL CERTIFICATION

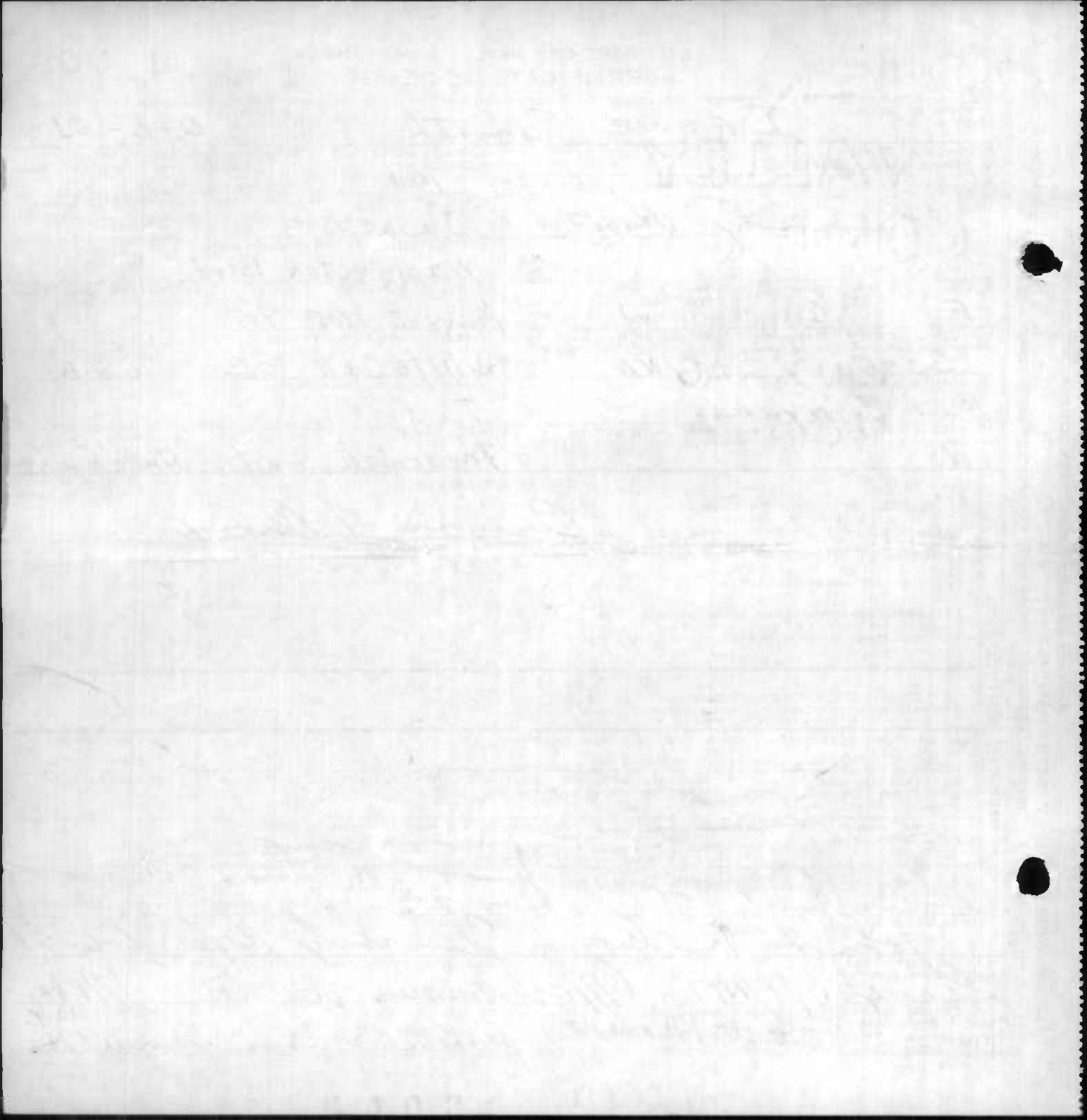
18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Ovary		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1951 to June 6, 1951 , that I last saw the deceased alive on June 6, 1951 and that death occurred at 8:30 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE John F. Kelly		23B. ADDRESS Ministry Hosp		23C. DATE SIGNED 6-6-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6/9/1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
				24D. LOCATION (City, town, or county) (State) Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 7-1951		REGISTRAR'S SIGNATURE Timothy Williams		25. FUNERAL DIRECTOR Mr. Katie R. Williams	
				ADDRESS Schroeder St.	

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5092
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Hood

2. DATE
OF
DEATH

June 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

233 N. Monroe St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

233 N. Monroe St.

20-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 18, 1907

9. AGE (In years last birthday)

44

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Greenville S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ben. Hood

14. MOTHER'S MAIDEN NAME

Sarah Sheard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hattie Largill 233 Monroe St.

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

P

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1951, to 6-4, 1951 at I last saw the deceased alive on 6-4, 1951 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 7-1951

Huntington Williams, Jr.

Mrs. Kate R. Williams, Schweders St.

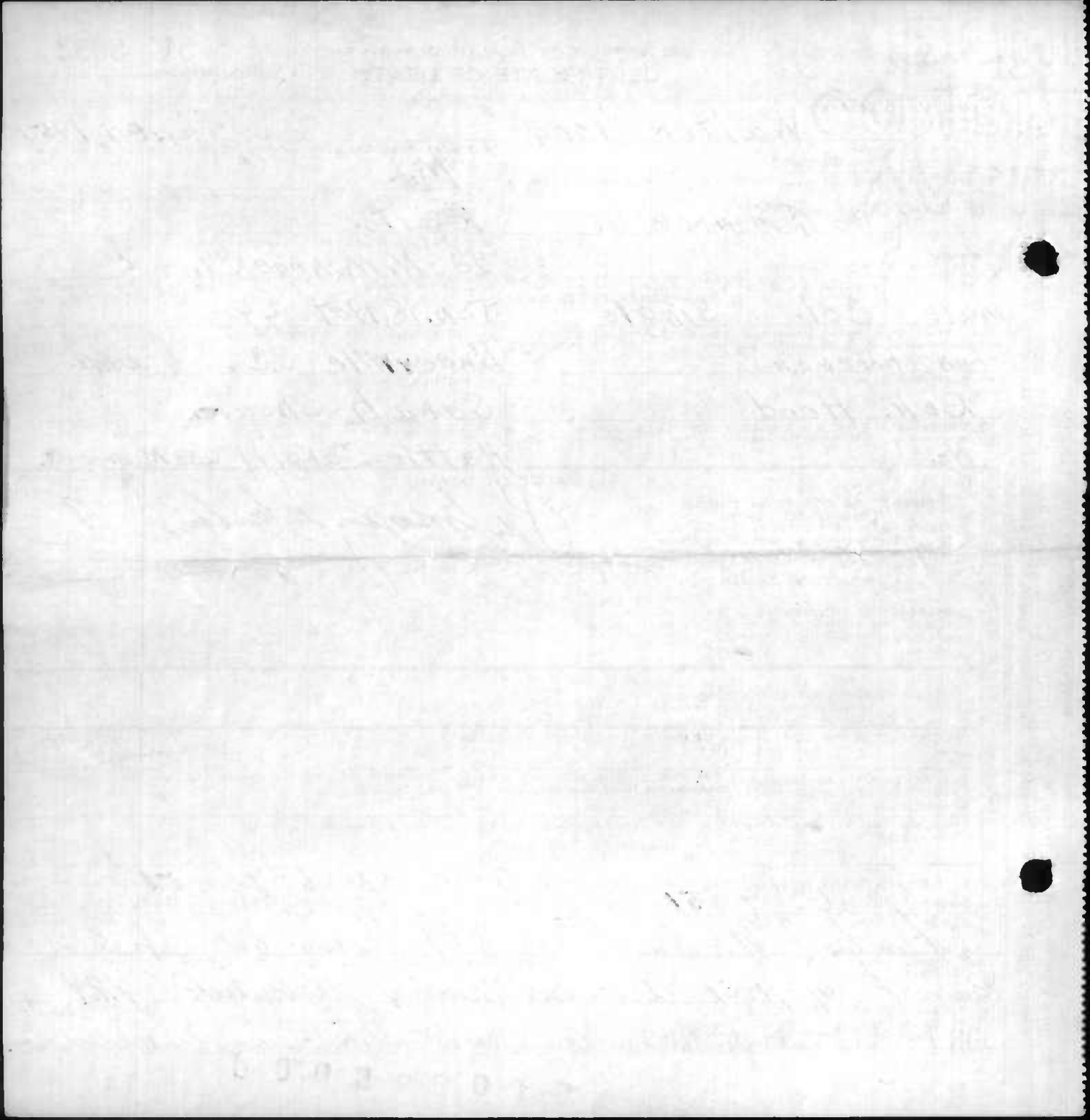
VS 150

948 59 000 508 4

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



8609 TS

51 5093

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie Bucks Baum

2. DATE
OF
DEATH

June 3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

113 N. Monroe St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

Cannell Co.

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

W. Woodbine

D. STREET ADDRESS

(If rural, give location)

5600

c. Length of stay in Baltimore

3 mths

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/24/1863

9. AGE (in years

last birthday)

87

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

=

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Cardiac failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Hypertensive cardiac
vascular disease
Hypostatic pneumoniaINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 25, 1951, to June 3, 1951, that I last saw the
deceased alive on June 2, 1951, and that death occurred at 11:45 A.M. from the causes and on the date stated above.

23A. SIGNATURE

V. M. Murches

23B. ADDRESS

801 Buren St

23C. DATE SIGNED

June 3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/7/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 7-1951

REGISTRAR'S SIGNATURE

Curtis M. Williams

25. FUNERAL DIRECTOR

Blanca F. Hoffmann

ADDRESS

839 Broadway

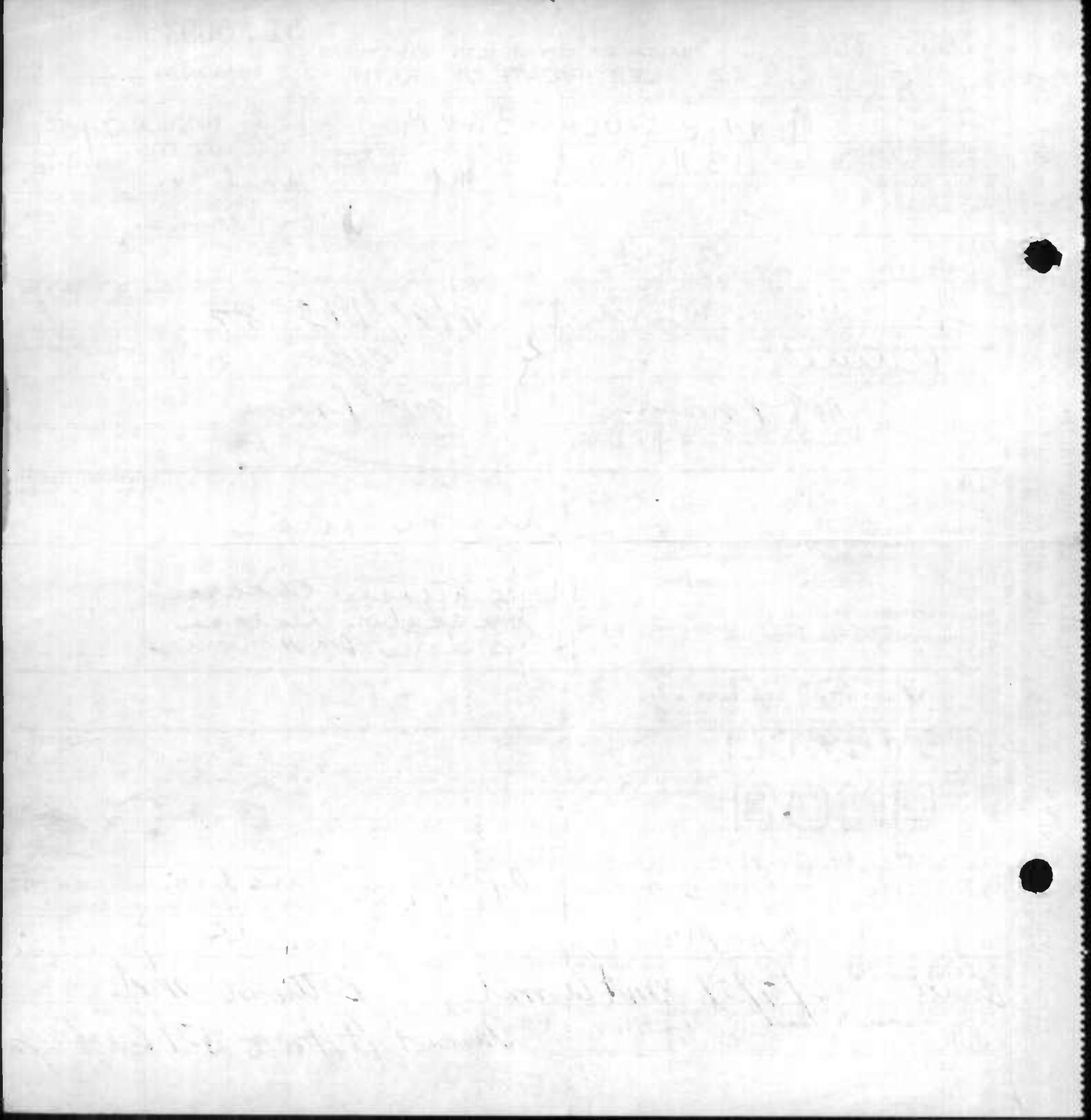
VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51 5094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5094

Registered No. _____

BIRTH NO. *H-155*1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH*June 5, 1957*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. *420.1 and 151X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Neoplasm of stomach.*

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-30-*, 19*57*, to *6-5-*, 19*57*, that I last saw the
deceased alive on *6-5-*, 19*57*, and that death occurred at *1:50 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

William P. McKewen

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*June 5 57*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*BURIAL**6/9/57**OAK LAWN**BALTIMORE**MD*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

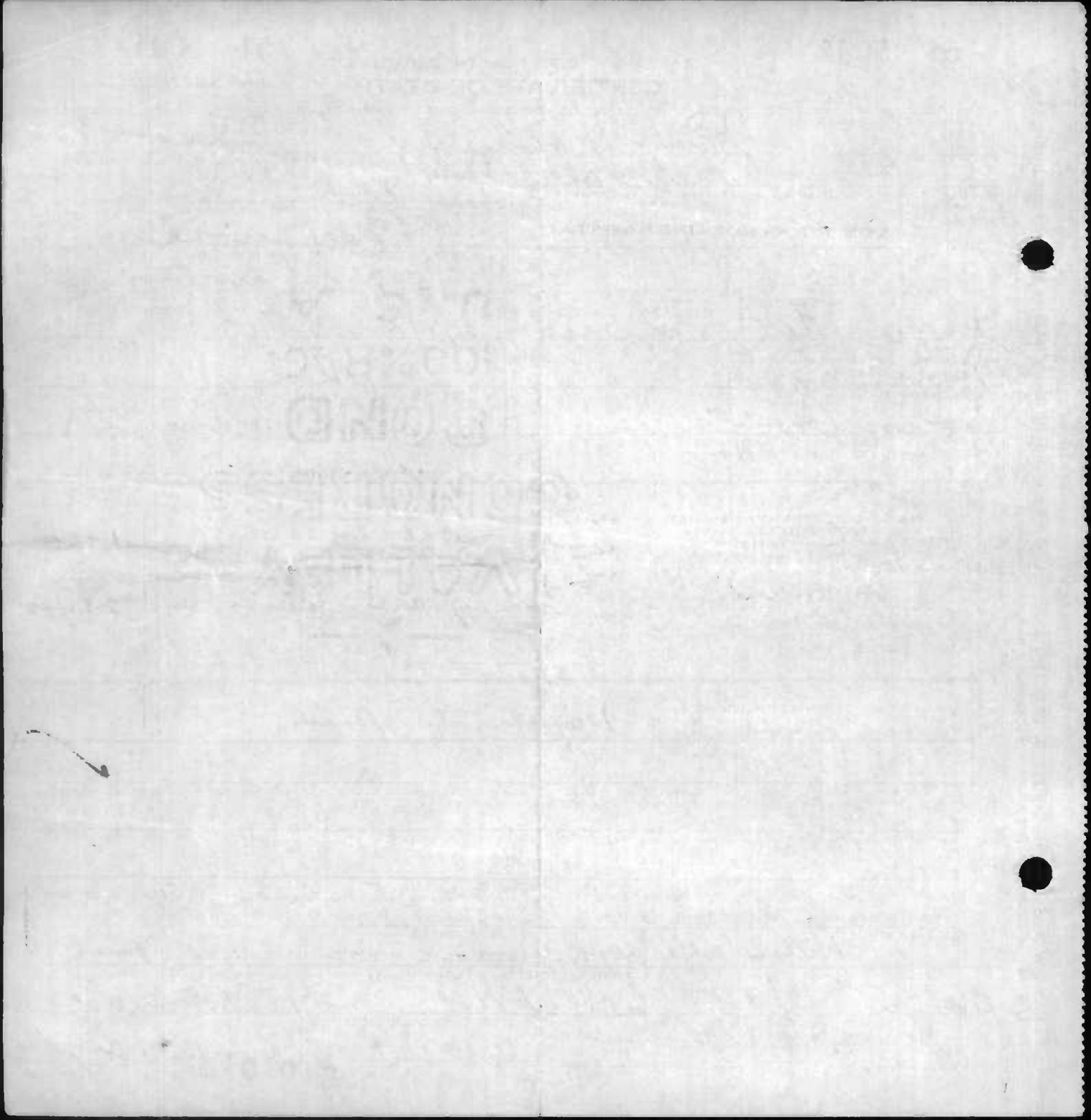
*JUN 7-1957**William P. McKewen, M.D.**Clarence F. Hoffmann**1639 Broadway*

VS 150

*290571 000500**46B*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRINTED, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.



PLEASE WRITE INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 5095

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JORDAN MR. JAMES J.

2. DATE
OF
DEATH

June 6 '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

CHURCH HOME HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE TOWSON

c. Length of stay in Baltimore

35.

D. STREET ADDRESS (If rural, give location)

SHEPPARD PRATT HOSPITAL

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 6 1878

9. AGE (In years last birthday)

72

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Occupational Therapist.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Jordan

14. MOTHER'S MAIDEN NAME

Katherine Kahill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

unknown

16. SOCIAL SECURITY NO.

212-32-1536

17. INFORMANT

Patient.

ADDRESS

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypertensive Cardiovascular disease years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

hypertensive encephalopathy

2 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1951, to June 6, 1951, that I last saw the deceased alive on June 6, 1951, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

I. Reed Carroll

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

June 6 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

June 9 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

JUN 7 1951

William Williams, M.D.

25. FUNERAL DIRECTOR

H. J. Jenkins, Sons Co 4905 York Rd

ADDRESS

CERTIFICATE OF DEATH

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Date of death: [illegible]
6. Place of death: [illegible]
7. Cause of death: [illegible]
8. Signature of physician: [illegible]
9. Signature of registrar: [illegible]
10. Date of registration: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-324

BALTIMORE CITY HEALTH DEPARTMENT
 8C. 51-22745
 CERTIFICATE OF DEATH

51 5096
 Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Steckler</i>		2. DATE OF DEATH <i>June 7, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-02</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>2301 Brookfield Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>6-7-51</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>10</i>
13. FATHER'S NAME <i>Henry Steckler</i>		14. MOTHER'S MAIDEN NAME <i>Ruth</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT THE JOHNS HOPKINS HOSPITAL		ADDRESS _____	

18. <i>761.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Intrauterine Anoxia</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Prolonged Anesthesia</i> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <i>Multiple pregnancy, twins</i> <i>Version & extraction</i>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7:06^{AM} 6-7, 1951</i> , to <i>7:16^{AM} 6-7, 1951</i> , that I last saw the deceased alive on <i>June 7, 1951</i> and that death occurred at <i>7:16 AM.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>George W. Carver, Jr.</i> M. D.		23B. ADDRESS THE JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED <i>June 7, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6-7-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Carmel</i>	
24D. LOCATION (City, town, or county) (State) <i>Belts Md</i>		25. FUNERAL DIRECTOR <i>Jack Lewis</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 7-1951</i>		REGISTRAR'S SIGNATURE <i>William M. Williams, M.D.</i>			

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5097**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**FRED KNOFF**2. DATE
OF
DEATH**6-7-51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION**432 So Caroline St**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

432 So Caroline St

c. Length of stay in Baltimore

10Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Seaman**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Norway12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eather Hegel - 2009 Eleanore Ave18. **450.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

acute my. cerebral failure**2 day**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/5**, 19**51**, to **6/7**, 19**51**, that I last saw the
deceased alive on **6/5**, 19**51**, and that death occurred at **9** **am**, from the causes and on the date stated above.

23A. SIGNATURE

S. C. Feldman

M. D.

23B. ADDRESS

1440 E. Balt St

23C. DATE SIGNED

6/6/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-8-51

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY - REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

JUN 7-1951**Washington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewin 2100 Eutan Pl

RAILROADS, CITY OF NEW YORK

CERTIFICATE OF DEPOSIT

WAVE

VALLEY

STATION

NEW YORK

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5098**

BIRTH NO.

1. NAME OF DECEASED

2. DATE OF DEATH

Martha Elizabeth (Betty) Moore

June 5, 1951

3. PLACE OF DEATH:

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. Baltimore City, Maryland

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Md.

HOSPITAL OR INSTITUTION *Sinai Hosp.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

24 E. Mt. Vernon Place

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

F

W

widowed

Aug. 2, 1898

53

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Secretary

Physician

Virginia

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Shepard

Elizabeth Bennett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

-

217-12-7647

Mrs. Frances Williams - 1667 Yakona Rd.

1B. *252.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial insufficiency

ANTECEDENT CAUSES

(B) DUE TO

Cor pulmonale

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

Chronic bronchitis & emphysema

Hypertension

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 4, 1951*, to *June 5, 1951*, that I last saw the deceased alive on *June 5, 1951*, and that death occurred at *11:20 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Lynn H. Rubin

M. D.

Sinai Hospital

June 6, 1951

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/8/51

New Cathedral Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 7 - 1951

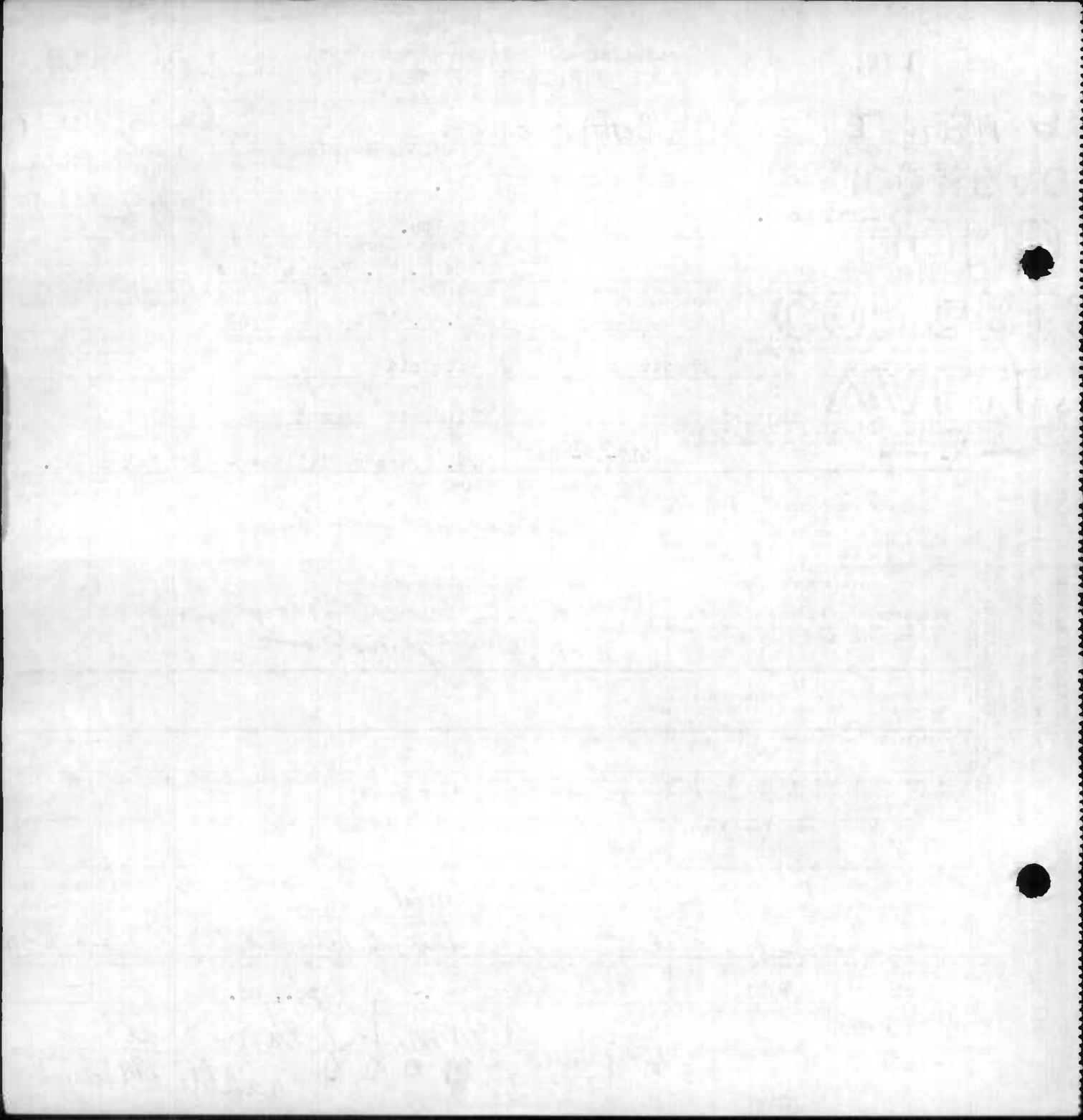
Wm. J. Tickner & Sons

VS 150

109 5 135088 5 0000 Balto Md 630

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5099

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDITH S. RASMERS

2. DATE
OF
DEATH

June 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

39th & Canterbury Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 1, 1886

9. AGE (In years,
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Seddon

14. MOTHER'S MAIDEN NAME

Ann Jeremy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Franz E. Rasmers - Ambassador Apts.

18. 420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Angina Pectoris*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertensive Arteriosclerotic*
DUE TO *Heart Disease*

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH
SUDDEN
SEC. OR MIN.

5 YRS. +

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945 to June 5, 1951, that I last saw the
deceased alive on June 3, 1951, and that death occurred at 11 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Robert W. Harris

M. D.

23B. ADDRESS

1103 St. Paul St.

23C. DATE SIGNED

June 7, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

6/8/51

24C. NAME OF CEMETERY OR CREMATORY

Arlington National Cem.

24D. LOCATION (City, town, or County)

Arlington, Va.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickens & Sons

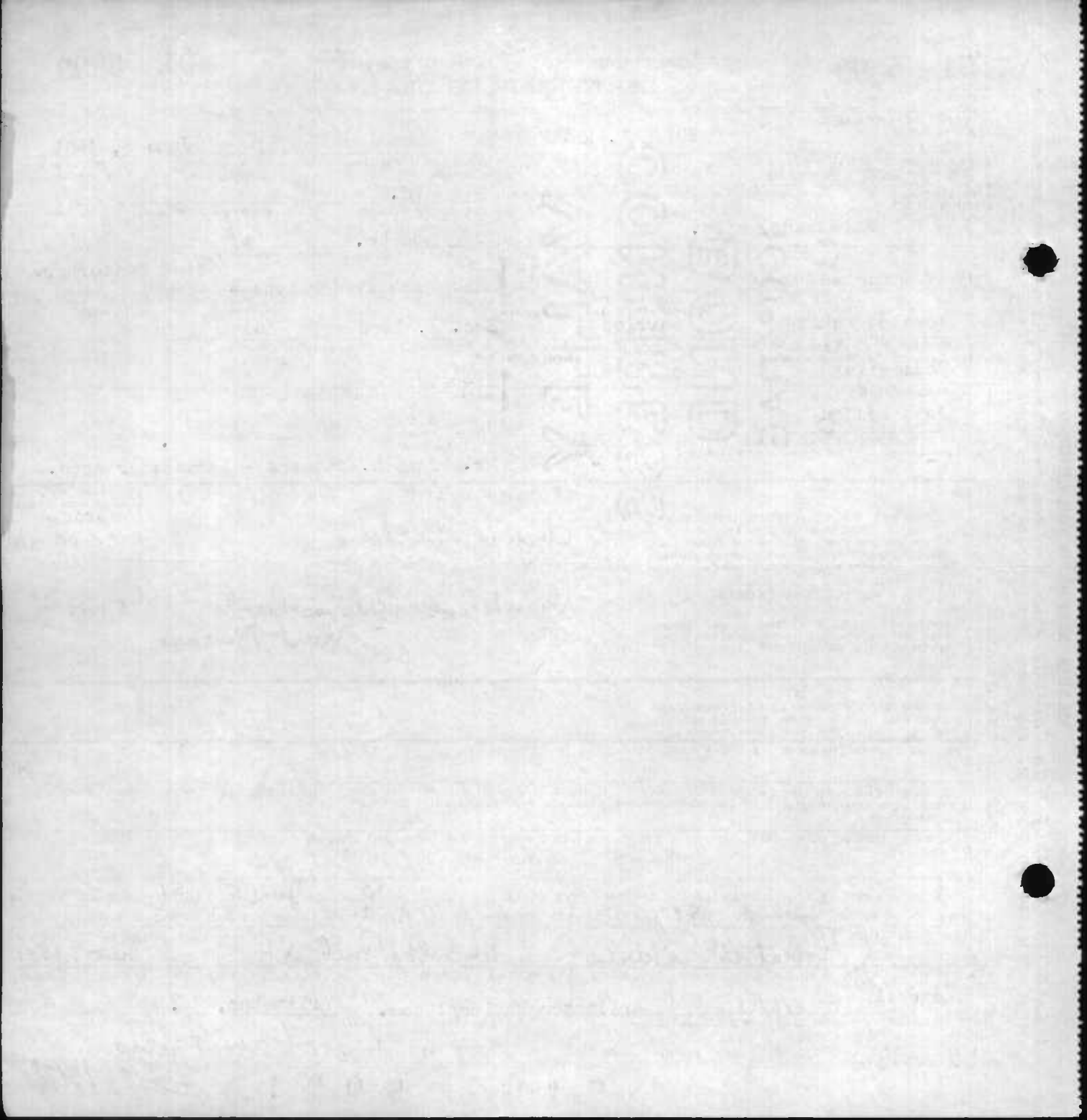
ADDRESS

Balto Md

JUN 7-1951

VS 150

1951 000,509 43D



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5100**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl Rodgers

2. DATE
OF
DEATH

6-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18,

D. STREET ADDRESS (If rural, give location)

1630 Gorsuch Avenue

C. Length of stay in Baltimore

1 2/3 da.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5-31-51

9. AGE (In years last birthday)

If Under 1 Year Months Days Hours Min.

1 2/3 da.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Rodgers

14. MOTHER'S MAIDEN NAME

Margaret Louise Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **762.5**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Atalct axis

DUE TO

ANTECEDENT CAUSES

(B)

Prematurity.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 31,** 1951 to **June 2** 1951, that I last saw the deceased alive on **June 2,** 1951 and that death occurred at **6:40 a. m.,** from the causes and on the date stated above.

23A. SIGNATURE

E. Paul Coffey Jr.

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

6-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6-8-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balt Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L. Pluck

5305 Harford Rd

VS 150

19510005092

159



K-530
Dr. Gonzalez
51 5101
 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5101
 Registered No.

1. NAME OF DECEASED (Type or Print) Henry C. (Harry) Kennedy			2. DATE OF DEATH June 5, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5608 Greenfield Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5608 Greenfield Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 14, 1865	9. AGE (In years last birthday) 85	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Inspector			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
10B. KIND OF BUSINESS OR INDUSTRY Lighting Co.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Henry Clay Kennedy, Sr.			14. MOTHER'S MAIDEN NAME Evelyn Hart		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Louisa Kennedy, 5608 Greenfield			ADDRESS		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Right cerebral hemorrhage DUE TO (B) Hypertensive Cardiovascular disease DUE TO (C) Arteriosclerosis advanced INTERVAL BETWEEN ONSET AND DEATH 2 days Years.			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 5, 1951 , to June 5, 1951 , that I last saw the deceased alive on June 5, 1951 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE C. E. Gonzalez M.D.			23B. ADDRESS 8304 Harford Road (14)		23C. DATE SIGNED June 6/1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-9-51		24C. NAME OF CEMETERY OR CREMATOR Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Leonard J. Ryck, 5305 Harford Road.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 7-1951					

A 12.4 Bird

1532 Havenwood Rd.

BALTIMORE CITY HEALTH DEPARTMENT

51 5102

51 5102

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Clara Frances Apicella			2. DATE OF DEATH June 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1314 Crofton Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1314 Crofton Road		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 22, 1894		9. AGE (In years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Owen J. Mc Geeney			14. MOTHER'S MAIDEN NAME Elizabeth Yates		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Albert Apicella, 1314 Crofton Rd.		
18. 415X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Rheumatic Cardiovascular Disease DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH 30-40 yrs
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Joseph H. Bird		23B. ADDRESS M. D. 1532 Havenwood Rd.		23C. DATE SIGNED June 6, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-9-51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 7-1951		REGISTRAR'S SIGNATURE William J. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.	

VS 150

The deceased was a patient of Dr. C. E. Leach, Baltimore
93c

1998

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **5103**

BIRTH NO. **5103**

1. NAME OF DECEASED (Type or Print) JUNIOR PAYNE		2. DATE OF DEATH June 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 819 Shuter Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 25, 1915
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 35
11. BIRTHPLACE (State or foreign country) Kennett W. Va.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Purney Payne		14. MOTHER'S MAIDEN NAME Annabelle Bagley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. 218-05-4992	
17. INFORMANT Annabelle Payne		ADDRESS	

18. **E982X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Stab wound of right chest with right hemopneumothorax

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Ashland Avenue & McDonough Street		
21D. TIME (Month) (Day) (Year) (Hour) June 4, 1951 7:20 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Sharp instrument		

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

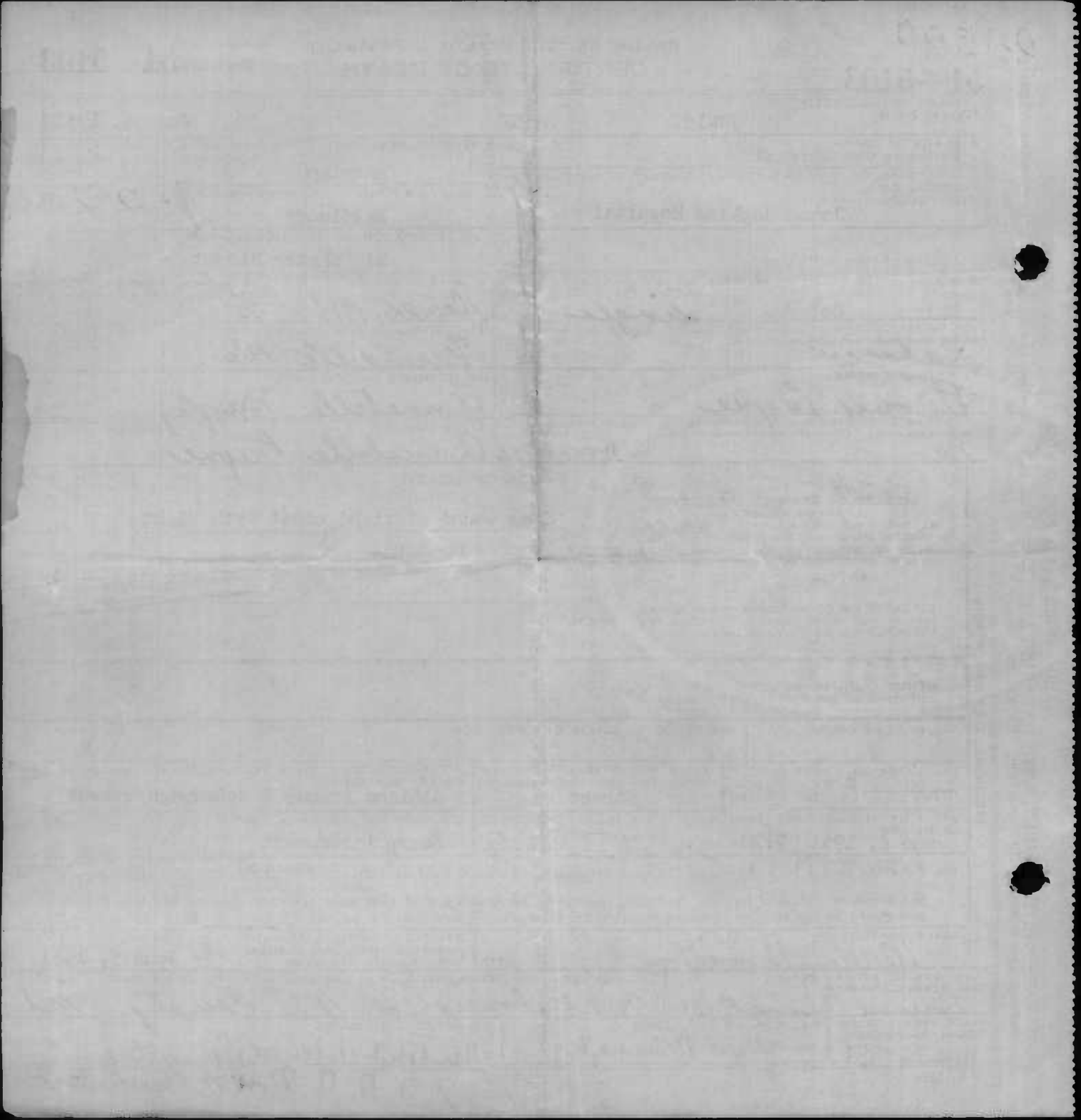
23A. SIGNATURE William W. [Signature]		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 5, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 9, 51	24C. NAME OF CEMETERY OR CREMATORY Int. Calvary Cem.	24D. LOCATION (City, town, or county) (State) A. G. County Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 7-1951		25. FUNERAL DIRECTOR Mrs. Robert A. Elliott & Daughter		

N 875.2

5 97099 0 5 0 71277 N. Caroline St 167

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

W-452
DL14904304

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5104
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Leroy Samuel Williams	
2. DATE OF DEATH June 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospitals location) 4940 Eastern Avenue	
C. LENGTH OF STAY IN BALTIMORE Life Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 17-03	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 762 W. Franklin St.	
5. SEX Male	6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH May 15, 1915
9. AGE (In years last birthday) 36	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) porter
11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Williams	14. MOTHER'S MAIDEN NAME Bertha Hebron
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	
18. 002X I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Miliary tuberculosis (pulmonary) DUE TO INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Yrs. ANTECEDENT CAUSES (B) DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-1 , 19 51 , to 6-6 , 19 51 , that I last saw the deceased alive on 6-6 , 19 51 , and that death occurred at 3:15 a.m. , from the causes and on the date stated above.	
23A. SIGNATURE J. J. Rogers	23B. ADDRESS 4940 Eastern Avenue
23C. DATE SIGNED 6-7-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE June 10/51
24C. NAME OF CEMETERY OR CREMATORY Bethesda National	24D. LOCATION (City, town, or county) (State) Bethesda Md
DATE RECEIVED BY LOCAL REGISTRAR JUN 7-1951	REGISTRAR'S SIGNATURE Walter H. Williams, M.D.
25. FUNERAL DIRECTOR Joseph L. Burns	ADDRESS

1951 JUN 8 5 04 PM
1313

BCHD-Bureau of Tuberculosis

has decedent recorded as pulmonary

6/13/51 ES

51 5105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5105

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Laura Usilton

2. DATE
OF
DEATH

June 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Mayland.

West

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Rock Hall.

D. STREET ADDRESS (If rural, give location)

6400

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

78

9. AGE (in years
last birthday)

78

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Vogt.

14. MOTHER'S MAIDEN NAME

Smith.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John F. Usilton - Rock Hall, Md.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) GASTRIC HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROTIC CARDIO

DUE TO VASCULAR DISEASE

(C) GANGRENE RT. FOOT

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CREMIA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to 6/7, 1951 that I last saw the
deceased alive on 6/7, 1951, and that death occurred at 11:25 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

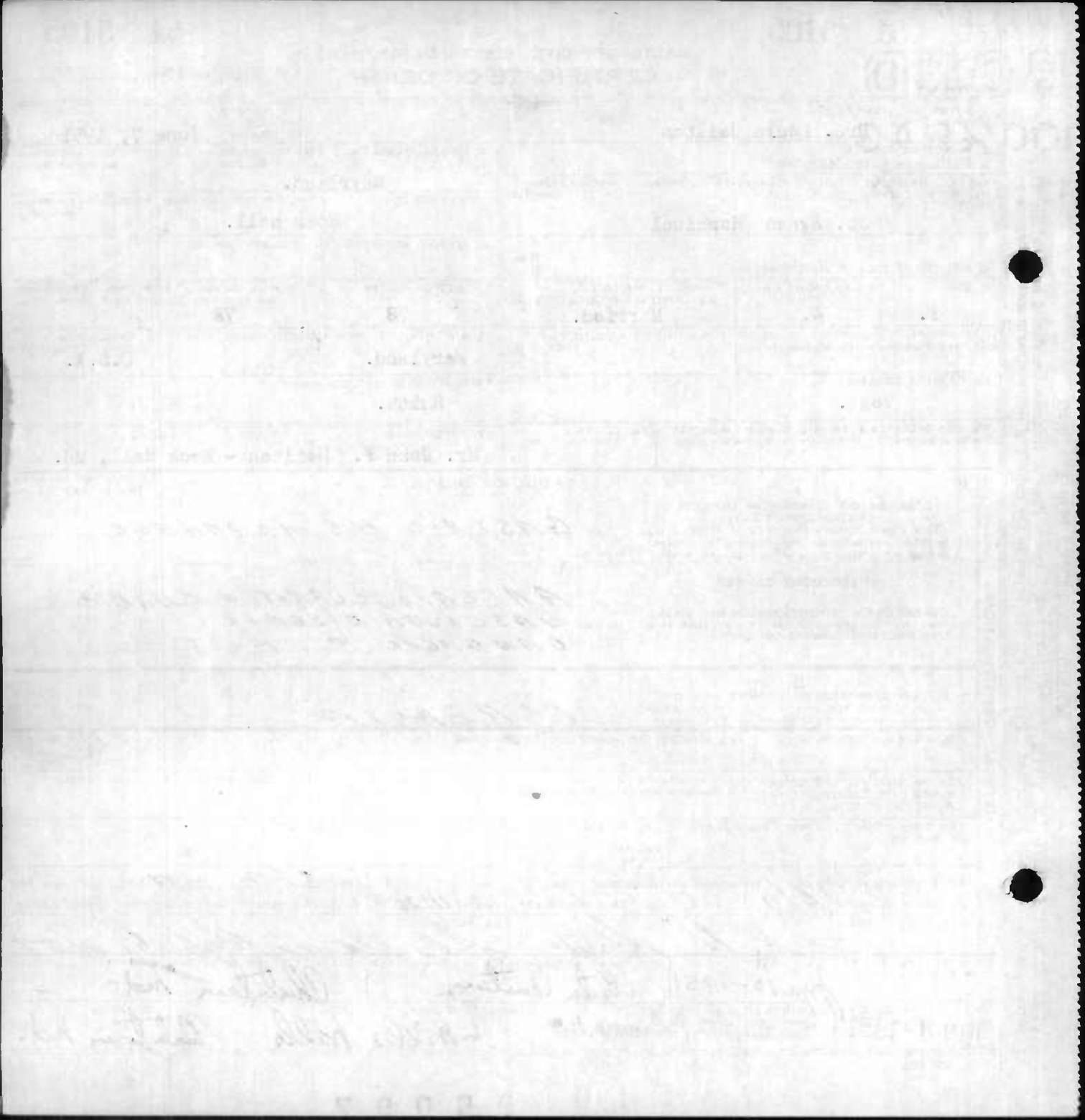
25. FUNERAL DIRECTOR

ADDRESS

JUN 8 - 1951

J. Williams, M.D.

J. Willis Hall - Chatham Rd.



MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

51363

515106

G. W. STEWART

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

515106

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-20-1951 to 6-6-1951, that I last saw the deceased alive on 6-6-1951, and that death occurred at 5:20 m. from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

VS 150

1951 179091 5098 922

RECEIVED
JUN 14
COMMERCIAL
ATTENTION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 5107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 5107

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) JOHN H. MOSLEY

2. DATE OF DEATH
June 4, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 17-03

C. Length of stay in Baltimore 26 yrs. Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
740 Franklin St.

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
Oct. 20, 1880

9. AGE (In years last birthday)
70

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10B. KIND OF BUSINESS OR INDUSTRY
Canton R.R.

11. BIRTHPLACE (State or foreign country)
Princess Anne, Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
Alexander Moseley

14. MOTHER'S MAIDEN NAME
Milvina E. Gerald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. INFORMANT
Madessa Martin ADDRESS
530 Green Ave. Brooklyn 6, N.Y.

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Arteriosclerotic Cardiovascular Disease
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE
Stanley S. Quisenberry M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
June 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
June 8, 1951

24C. NAME OF CEMETERY OR CREMATORY
St. John Cemetery

24D. LOCATION (City, town, or county) (State)
Calvert Co. Md.

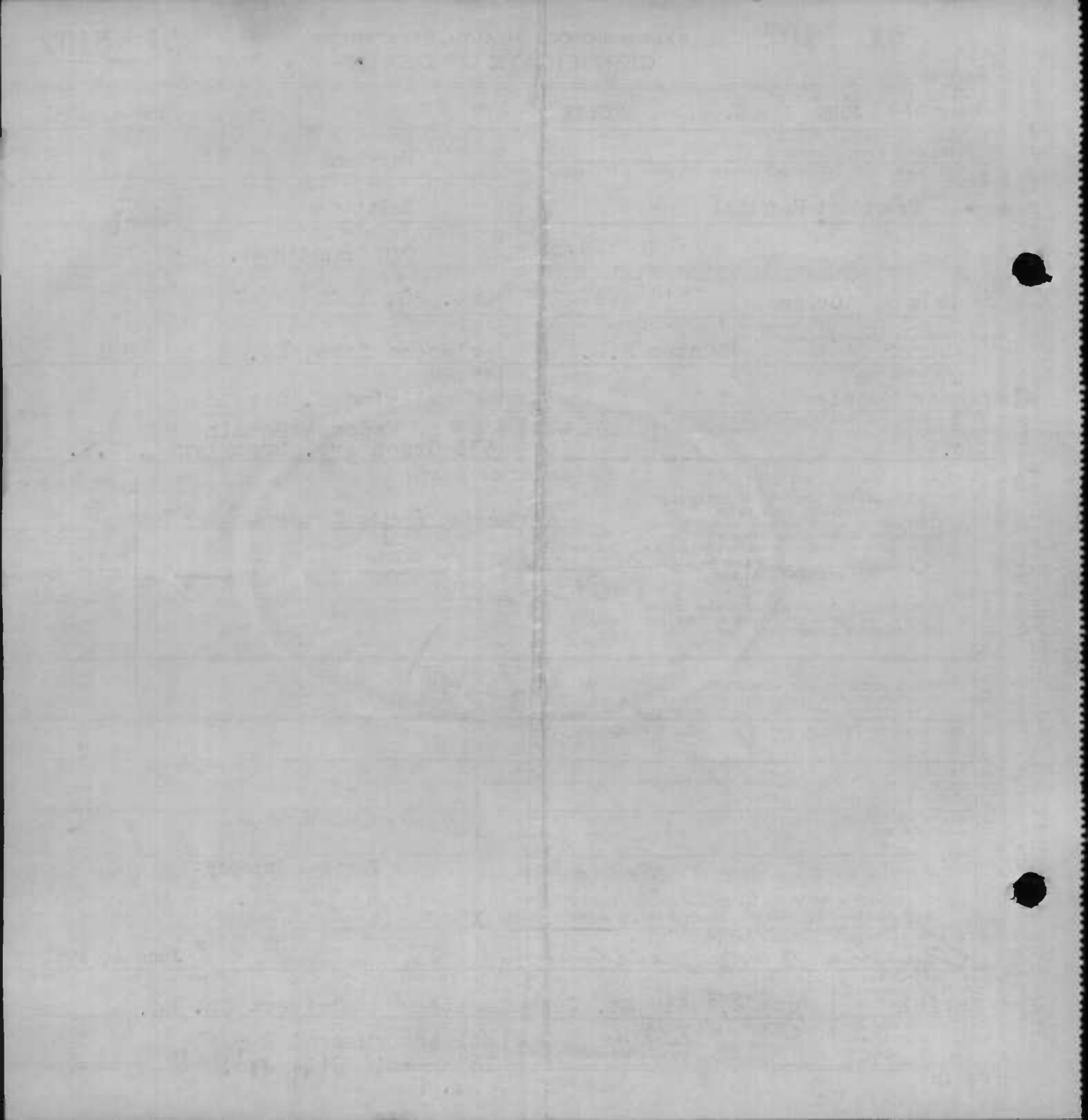
DATE RECEIVED BY LOCAL REGISTRAR
JUN 8 - 1951

REGISTRAR'S SIGNATURE
Huntington Williams, Jr.

25. FUNERAL DIRECTOR
Holland Funeral Home ADDRESS
1631 Druid Hill Ave.

V S 151

9920 50 00 5 No. 937



R. 163 51 5108

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5108
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GEORGE EVERITT ROBERTS

2. DATE OF DEATH

June 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Baltimore**

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cockeysville

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

York Rd + Gibbons Ave. 5300

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

June 17, 1909

9. AGE (In years last birthday)

41

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR INDUSTRY

Self Emp.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John T. Roberts

14. MOTHER'S MAIDEN NAME

Lydia Steiner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

215-05-7120

17. INFORMANT ADDRESS

Mrs Lydia E Roberts York Rd + Gibbons Ave

18. **570.1**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **PULMONARY EMBOLI WITH MULTIPLE INFARCTIONS**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

2

19A. DATE OF OPERATION

5/25/51 (B) 6/1/51 (A)

19B. MAJOR FINDINGS OF OPERATION

Paralytic Pleur (B) Wound Disruption

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **5-19**, 19**51**, to **6-7**, 19**51**, that I last saw the deceased alive on **6-7**, 19**51**, and that death occurred at **7:40 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

6-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/9/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR

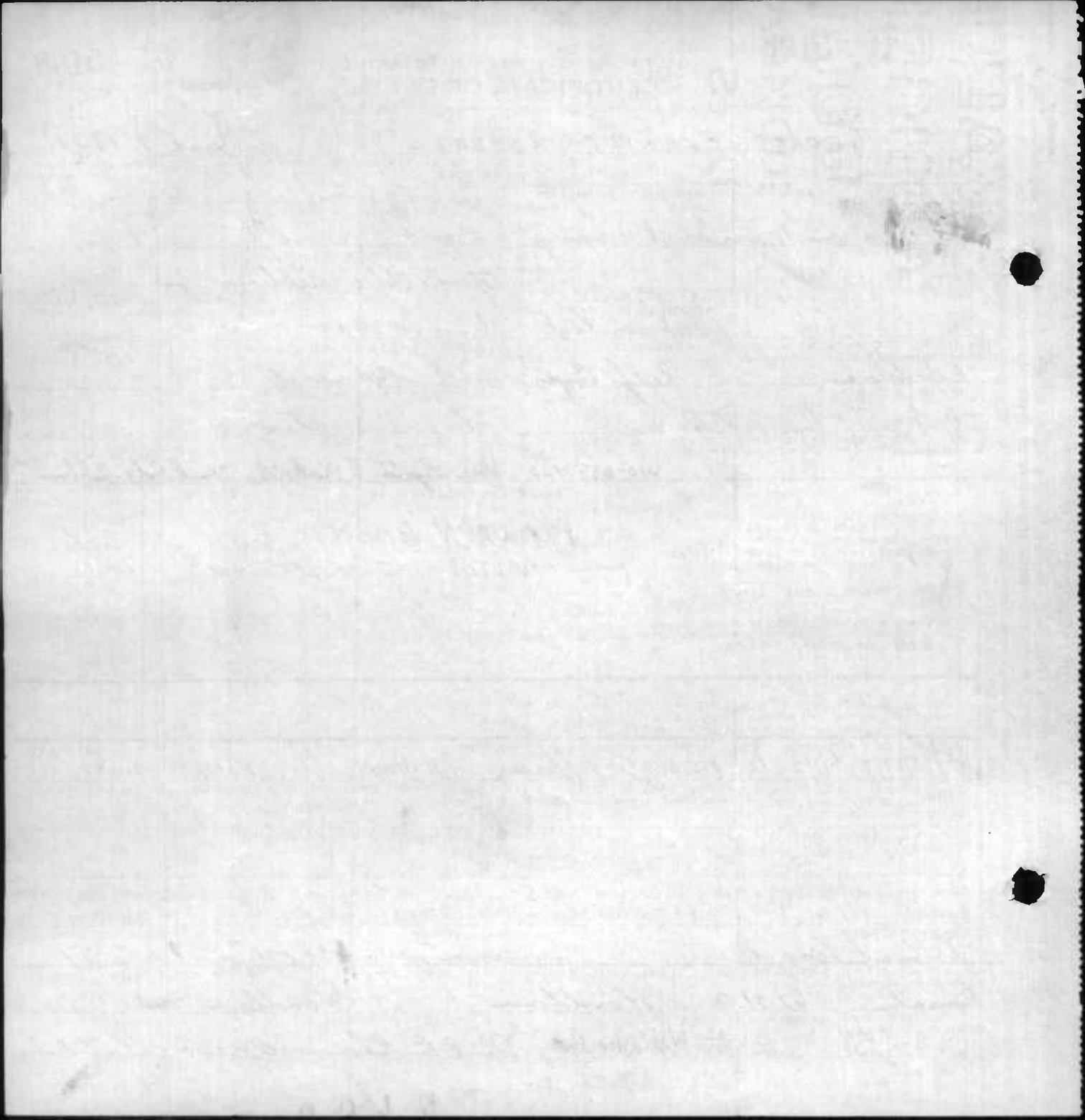
JUN 8 - 1951

REGISTRAR'S SIGNATURE

Walter Williams, M.D.

25. FUNERAL DIRECTOR

Paul E. Schenewitz 3615 York Rd + Gibbons Ave



51 5109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5109
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ELIZABETH H HEFLIN		2. DATE OF DEATH June 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 12-06	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp.		D. STREET ADDRESS (If rural, give location) 2509 Maryland Ave.		6. DATE OF BIRTH Jan 5 1889	
c. Length of stay in Baltimore Yrs. Mos. Days		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		9. AGE (In years last birthday) Months Days 62	
5. SEX Female	6. COLOR OR RACE White	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Kentucky	
10B. KIND OF BUSINESS OR INDUSTRY -		12. CITIZEN OF WHAT COUNTRY? ?		13. FATHER'S NAME Ephraim Hays	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Lester M. Heflin 2509 Maryland Ave.	
18. 421.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial infarction		CAUSE OF DEATH (A) Myocardial infarction DUE TO (B) Coronary disease of heart DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950 , 19 51 , to May , 19 51 , that I last saw the deceased alive on 5-10 , 19 51 , and that death occurred at md. , from the causes and on the date stated above.					
23A. SIGNATURE John Harrison		23B. ADDRESS 3632 Roland Ave.		23C. DATE SIGNED 6-7-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/8/51		24C. NAME OF CEMETERY OR CREMATORY Balto National	
24D. LOCATION (City, town, or county) (State) Frederick Ave.		25. FUNERAL DIRECTOR Paul C. Schenck		ADDRESS 36512 Schenck Ave.	

JUN 8 - 1951
VS 150

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W-320
51 5110BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5110

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL T. WITOWSKI (Witowskyj)

DATE OF DEATH June 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-05

D. STREET ADDRESS (If rural, give location)

1626 Hazel Street

c. Length of stay in Baltimore

41 YRS

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

MARRIED

(Specify)

8. DATE OF BIRTH

11/21/1887

9. AGE (In years last birthday)

43

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

IRONWORKER MARY DOCK CO

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN WITOWSKI

14. MOTHER'S MAIDEN NAME

MARY KRITYKOWSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-89-7134

17. INFORMANT

MRS A. WITOWSKI 1626 HAZEL ST

ADDRESS

18. E929.8

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Water

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Water under Curtis Street Bridge

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 6, 1951 4:30 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Drowned while swimming

25-05

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William C. Wood

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/11/51

24C. NAME OF CEMETERY OR CREMATORY

HOLYCROSS CEMETERY

24D. LOCATION (City, town, or county) (State)

RITCHIE HIGHWAY

DATE RECEIVED BY LOCAL REGISTRAR

JUN 8 - 1951

REGISTRAR'S SIGNATURE

William C. Wood

25. FUNERAL DIRECTOR

GEO H LEIMBACH

ADDRESS

524 N LYNCH HURST

VS 151

N990X

5585320

5102

183

51

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MEDICAL CERTIFICATION

1951
24/7

51 5111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5111

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

OLLIE

PETERSON

2. DATE
OF
DEATH

June 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

Maryland

B. COUNTY
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Cockeysville

D. STREET ADDRESS (If rural, give location)

Hollow Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 6, 1900

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Charles Bayer

14. MOTHER'S MAIDEN NAME

Emily Woods

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lewis H. Peterson (husband), Cockeysville

18. 540.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bleeding peptic ulcer

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Woods

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 7, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-10-51

24C. NAME OF CEMETERY OR CREMATORY

Poplar Grove

24D. LOCATION (City, town, or county)

Cockeysville, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Woods

25. FUNERAL DIRECTOR

Sanford M. Woods, Sparks, Md

ADDRESS

111

111

UNITED STATES OF AMERICA

IN SENATE
January 11, 1906

REPORT



UNITED STATES

Printed by the Government Printing Office

For sale by the Superintendent of Documents
Washington, D. C.

51 5112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5112

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ISADORE ISRAEL HOVSHA

2. DATE
OF
DEATH

6-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2878 W. Garrison Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

D. STREET ADDRESS (If rural, give location)

2878 W. Garrison Ave

c. Length of stay in Baltimore

40

Yrs.
Mons.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

agent

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Rachael

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rose Hovsha - Dore

18. 154x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of rectum

DUE TO

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) metastasis to liver

DUE TO

2 mths

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Apr 18 / 51

19B. MAJOR FINDINGS OF OPERATION

metastasis to abdominal liver

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1949, to June 7, 1951, that I last saw the deceased alive on June 7, 1951, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Zierler

23B. ADDRESS

2318 Centaur Place

23C. DATE SIGNED

June 8 / 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-8-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Centaur Pl

JUN 8 - 1951

VS 150

045073 104

467

Zuerlen
2318
La 1563

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 5113		BALTIMORE CITY HEALTH DEPARTMENT		51 5113	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Martha B. Seybold			2. DATE OF DEATH June 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1309 Poplar Grove St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-07		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1309 Poplar Grove St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1/16/1883	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY Home		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Elijah Fisher			14. MOTHER'S MAIDEN NAME Amelia Tracey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No No			16. SOCIAL SECURITY NO. No		
17. INFORMANT Mr. Henry Seybold			ADDRESS 1309 Poplar Grove		
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Ch. Myocarditis DUE TO 1948			INTERVAL BETWEEN ONSET AND DEATH 6-5-51		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 15, 1937 to June 6, 1951 , that I last saw the deceased alive on June 6, 1951 , and that death occurred at 10:45 A.M. , from the causes and on the date stated above.					
23. SIGNATURE James Brown		23B. ADDRESS 3602 Liberty Hgts. Cr.		23C. DATE SIGNED 6-7-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/9/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR John T. Stansbury			
DATE RECEIVED BY LOCAL REGISTRAR JUN 8-1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 2700 Edmondson Av.	



51 5114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5114
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph V. Hogan

2. DATE
OF
DEATH

6/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3700 N. Charles St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

1201

c. Length of stay in Baltimore

About 28

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3700 N. Charles Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct. 17, 1885

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired President Arundel Corp.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Watertown, New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James M. Hogan

CONVT.

14. MOTHER'S MAIDEN NAME

Mary Jane O'Connor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

J. Leo Flanigan, Jr. 6307 Bellona Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic heart disease with
failure.
DUE TO

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1951, to June 7, 1951, that I last saw the
deceased alive on June 7, 1951, and that death occurred at 4 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. J. Schmidt

M. D.

23B. ADDRESS

701 N. Kenwood Ave.

23C. DATE SIGNED

6/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

6/9/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

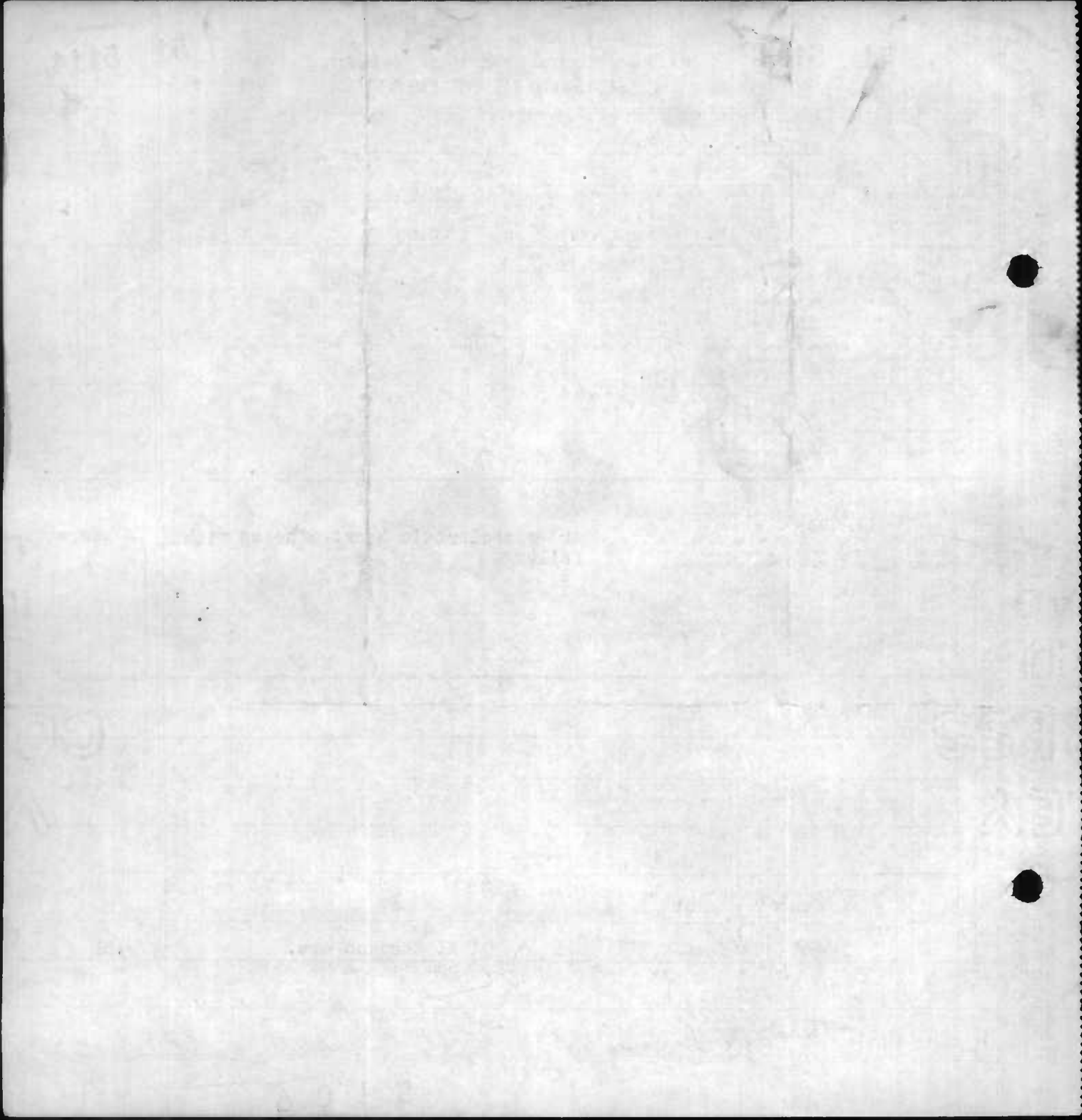
25. FUNERAL DIRECTOR

ADDRESS

JUN 8 - 1951

Huntington Williams, M.D.

No. W. Meacham and Son 5059 Belwood



51 5115

51 5115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)Frances
Mary Young2. DATE
OF
DEATH

June 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Bar Wil Bar

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

15-01

D. STREET ADDRESS (If rural, give location)

713 Cumberland St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

7

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Sept 1882

9. AGE (In years
last birth day)

68

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

2a

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

George Young

14. MOTHER'S MAIDEN NAME

Mariah Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardis Vasculae Renal

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 3, 1951, to June 5, 1951, that I last saw the
deceased alive on June 3, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 8-1951

Kunzington Williams, M.D.

George S. Nelson

VS 150

510205107

1303 Prestman St
131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

VALLEY
COLUMBIA
FORD

S-435

51 5116

51 5116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Louis H Schluttanhofer</u>		2. DATE OF DEATH <u>June 6th 1951</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <u>2215 E. Biddle St</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Md</u> b. COUNTY <u>8-04</u>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u>	
c. Length of stay in Baltimore <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>2215 E Biddle St</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 18th 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ironworks</u>	
13. FATHER'S NAME <u>Henry H Schluttanhofer</u>		14. MOTHER'S MAIDEN NAME <u>Mary Birmingham</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>218-07-6641</u>	
17. INFORMANT <u>Mrs. Sadie Leophardt</u>		ADDRESS <u>2215 E. Biddle St</u>	

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>Coronary occlusion</u> DUE TO <u>Arteriosclerosis</u>	2 Mos. 2 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO _____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <u>Chronic Bronchitis.</u>	5 yrs.

19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 24, 1951 to June 6, 1951 that I last saw the deceased alive on June 6, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Albert E. Singmaster</u>		23b. ADDRESS <u>1613 E. North Ave.</u>		23c. DATE SIGNED <u>6-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7th 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	
24d. LOCATION (City, town, or county) <u>Belair Road</u>		(State) _____		25. FUNERAL DIRECTOR ADDRESS <u>Leob Leach 1701-03 W Patterson Park Ave</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 8-1951</u>		REGISTRAR'S SIGNATURE <u>Wmington Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>Leob Leach 1701-03 W Patterson Park Ave</u>	

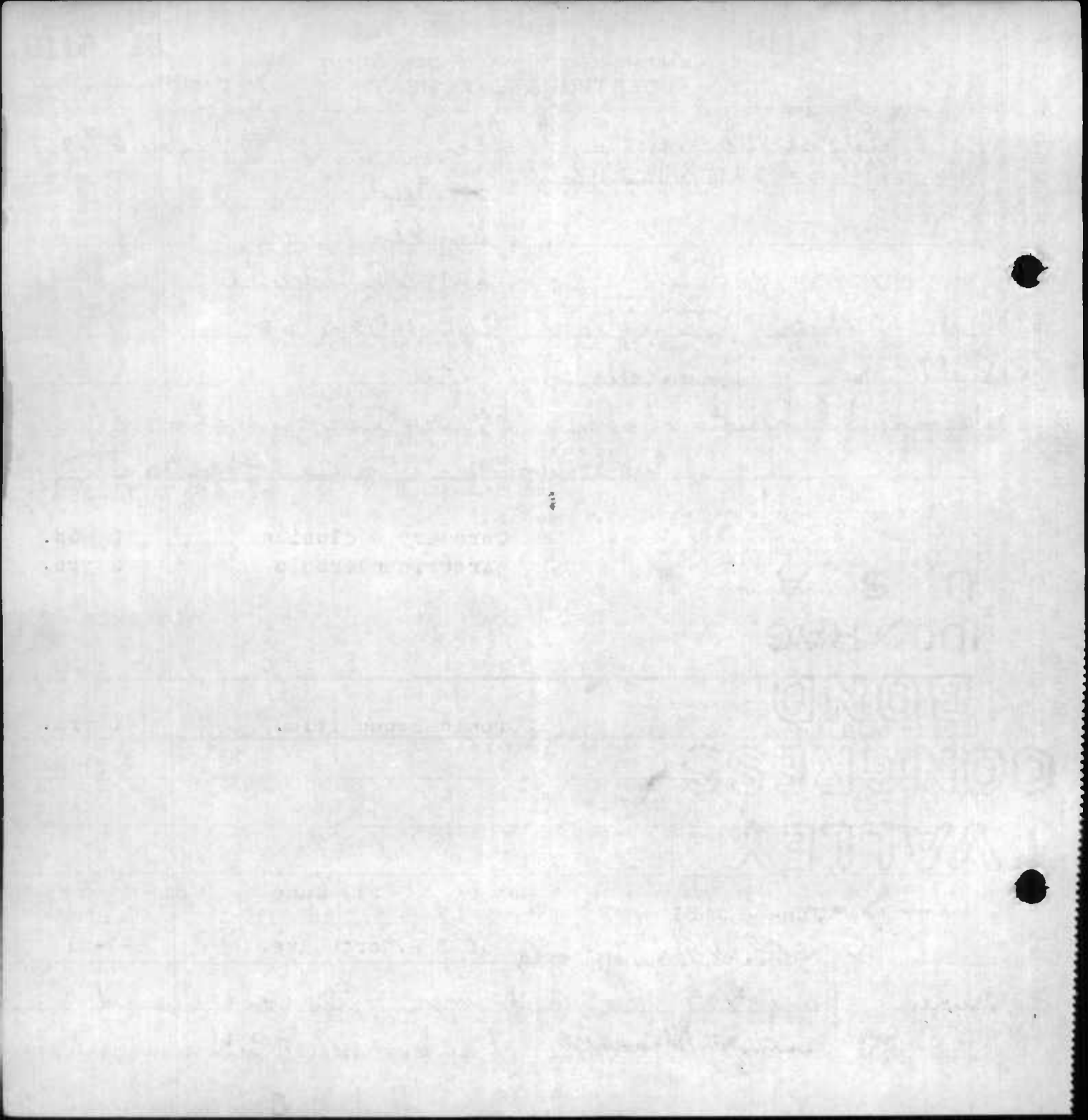
VS 150

585345 108

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Adams

2. DATE
OF
DEATH

6/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-03

c. Length of stay in Baltimore

40 yrs.

D. STREET ADDRESS (If rural, give location)

2128 E. Fayette St

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m.

8. DATE OF BIRTH

July 5-1890

9. AGE (In years
last birthday)

60

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Floor Finisher

10B. KIND OF BUSINESS OR
INDUSTRY

Hardwood Floor

11. BIRTHPLACE (State or foreign country)

Annapolis Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Adams

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-12-9796

17. INFORMANT

Relew Adams

ADDRESS

2128 E. Fayette St.

18.

157X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinomatous
DUE TO (primary site probably pancreas)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Pulmonary Edema
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Jan 31 1951

To

June 9 1951

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/12/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma atis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 1951 to 6/6, 1951, that I last saw the
deceased alive on 6/6, 1951, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Elmer B. Bengard M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

6/2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/9/51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Bluff

24D. LOCATION (City, town, or county)

Annapolis Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Philip Henry Sorensen

25. GENERAL DIRECTOR

ADDRESS

2034 Orleans St

JUN 8-1951

See Document File 51-5117

6/25/51

ES

626 51 5118

51 5118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Magdalene Prosser			2. DATE OF DEATH 6-5-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE _____ B. COUNTY _____						
B. FULL NAME OF HOSPITAL OR INSTITUTION 100 S. Wolfe Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 2-02						
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 100 S. Wolfe Street						
5. SEX F.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8-11-69		9. AGE (In years last birthday) 81		10. Under 1 Year Months: _____ Days: _____	11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Michael Duschl			14. MOTHER'S MAIDEN NAME Katherine ?			17. INFORMANT Joseph Prosser- 100 S. Wolfe Street			ADDRESS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS			
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary occlusion (Thrombosis) DUE TO Diabetes Mellitus DUE TO Syr.			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH 1 day			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) _____			(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May 1 , 19 57 , to June 5 , 19 57 , that I last saw the deceased alive on June 5 , 19 57 , and that death occurred at 7³⁰ A. m., from the causes and on the date stated above.									
23A. SIGNATURE George S. Lippy			23B. ADDRESS M. D. 426 S. Collins St. Balto			23C. DATE SIGNED 4/7/59			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-9-51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Baltimore, Md.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 8-1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR Lilly & Zeiler, Inc.		ADDRESS 303 S. Wolfe Street			

Dr Lippy.
426 Patterson Pl. N.E.

ES-148864

B-620 51 5119 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 51 5119
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Bursey

2. DATE
OF
DEATH

June 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2817 O'Donnell Street (24)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 31, 1900

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Milton Showalter

14. MOTHER'S MAIDEN NAME

Catherine Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Ave

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive Cardio Renal Disease

DUE TO

Over
5 Yrs.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-26 19 51, 6-8, 19 51, that I last saw the
deceased alive on 6-8, 19 51, and that death occurred at 5:25 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Degan

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-8-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-11-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. S. Degan

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler Inc. 403 S. S. Wolfe Street

JUN 8 - 1951

VS 150

19510005111/31a

MARGIN RESERVED FOR BINDING

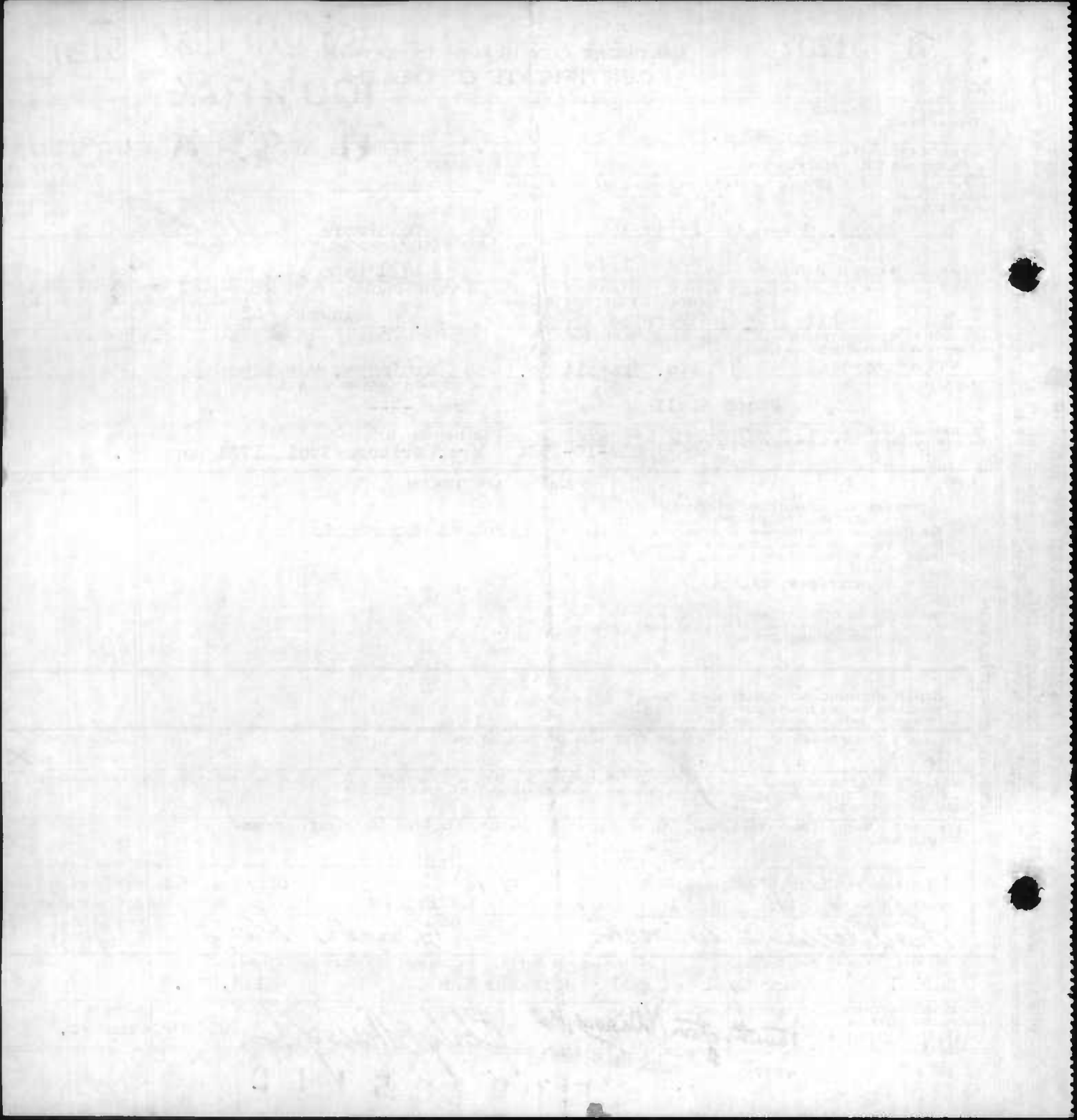
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

2242

51 5120
340BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5120
Registered No.

1. NAME OF DECEASED (Type or Print) Leo A. Stoll			2. DATE OF DEATH June 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1731 Hope St.,		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 4, 1898		9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10B. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? 2
13. FATHER'S NAME Jacob Stoll			14. MOTHER'S MAIDEN NAME Emma ----		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) no		16. SOCIAL SECURITY NO. 215-10-2760	17. INFORMANT ADDRESS Mrs. Marianna Stoll 1731 Hope St. 2		
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO (A) (B) (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/4/ , 19 51 to 6/6/ , 19 51 , that I last saw the deceased alive on 6/6/ , 19 51 , and that death occurred at 1:10 PM. , from the causes and on the date stated above.					
23A. SIGNATURE Thaddeus Siwinski		23B. ADDRESS S. Graph's Bldg		23C. DATE SIGNED 6/6/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 9/51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR ADDRESS 2024 Orleans St.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 8-1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		24F. FUNERAL DIRECTOR SIGNATURE Philip Henry King	
VS 150		1951 6/8/51		5112	

8313



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amelia

Sandelin

2. DATE
OF
DEATH

June 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2205 E. Jefferson St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 5, 1896

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Fritsch

14. MOTHER'S MAIDEN NAME

Jeanette Hartman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Ernest Sandelin

ADDRESS

2205 Jefferson St.

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized peritonitis

DUE TO

Multiple abrasions and contusions

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Ft. Smallwood & Water Oak Point Rd.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 30, 1951 2:30 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Dureacher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
June 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 9/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Balto. d.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 8-1951

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Philip H. Herwig, Inc.

ADDRESS

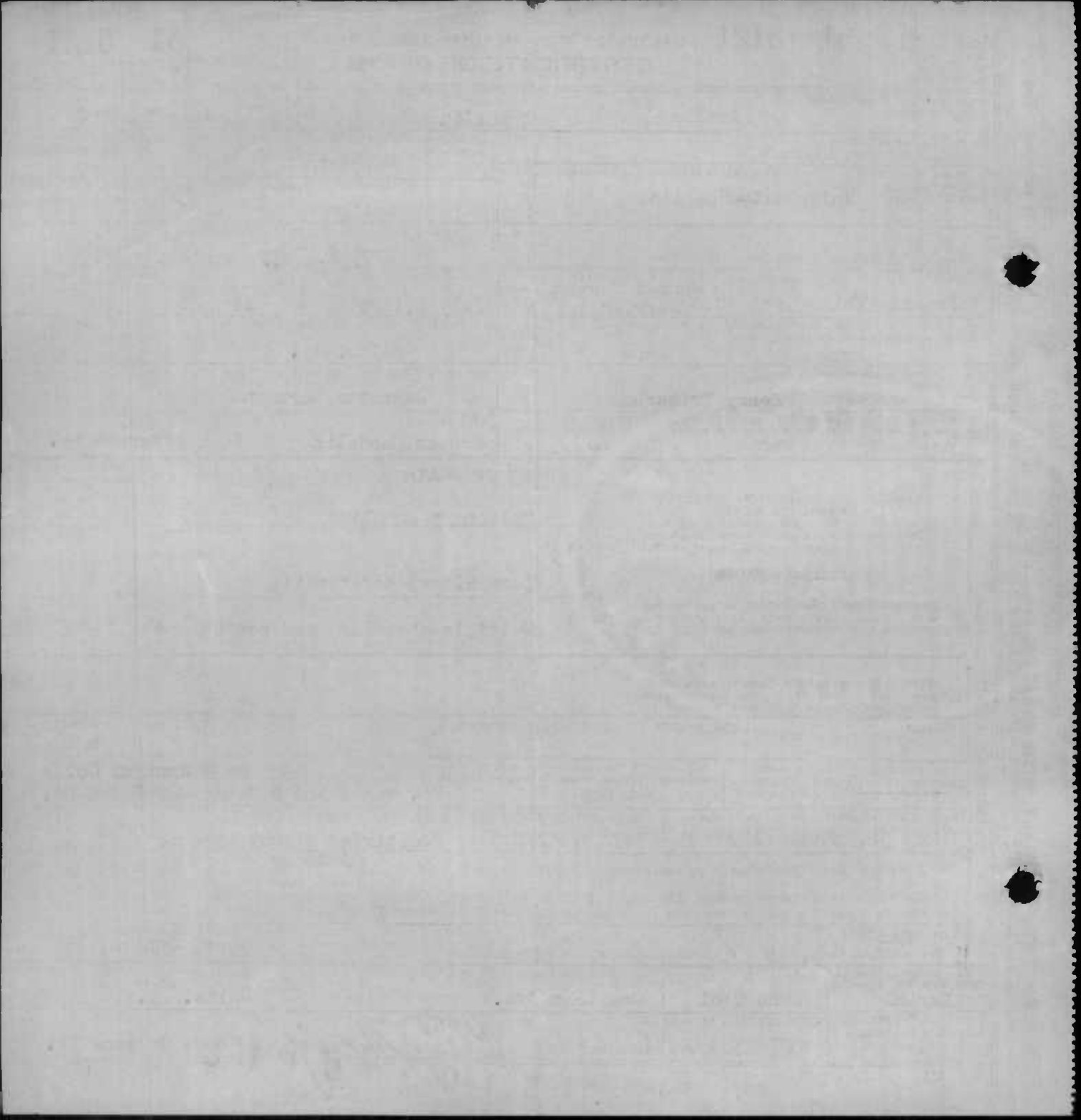
2024 Orleans St.

VS 151

N 839.0

5 1 0 0 0 5

170 c



L-120 Johnson
51 5122BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5122

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alabama Luebeck

2. DATE
OF DEATH June 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2902 Glenmore Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-06

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2902 Glen more Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 10, 1862

9. AGE (In years
last birthday)

89

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

Moore

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Madeline Swegler, 2920 Glenmore

1B.

422.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1951, to June 4, 1951, that I last saw the
deceased alive June 4, 1951, and that death occurred at 12:00 PM from the causes and on the date stated above.

23A. SIGNATURE

H. Johnson, M.D.

23B. ADDRESS

403 Med Arts Bldg 6/7-51

23C. DATE SIGNED

6/7-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-9-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 8-1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

VS 150

19510005114 932

12:30 - 1:30
Medical Unit Em.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5123

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE

MITCHELL

2. DATE
OF
DEATH

June 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1428 McCulloh Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/1/1924

9. AGE (In years
last birthday)

26

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machine Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Holtite Rubber Co.

11. BIRTHPLACE (State or foreign country)

Ruffin, N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ernest Mitchell

14. MOTHER'S MAIDEN NAME

Millie Stokes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

578-22-7019

17. INFORMANT

ADDRESS

Mildred Baze(S) 1428 McCulloh St

18. E981X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Air embolism

DUE TO operative repair of tracheo-esophageal
fistula due to bullet wound of neck

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

In front of 1428 McCulloh Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

April 22, 1951 2:45 A.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/10/51

24C. NAME OF CEMETERY OR CREMATORY

Ruffin Cemetery

24D. LOCATION (City, town, or county)

Ruffin, N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 8-1951

REGISTRAR'S SIGNATURE

Walter H. Williams, M.D.

25. FUNERAL DIRECTOR

Charles G. Cooper-512 Carrollton Av

VS 151

N 874.4

1690 7/16

Charles H. Cooper

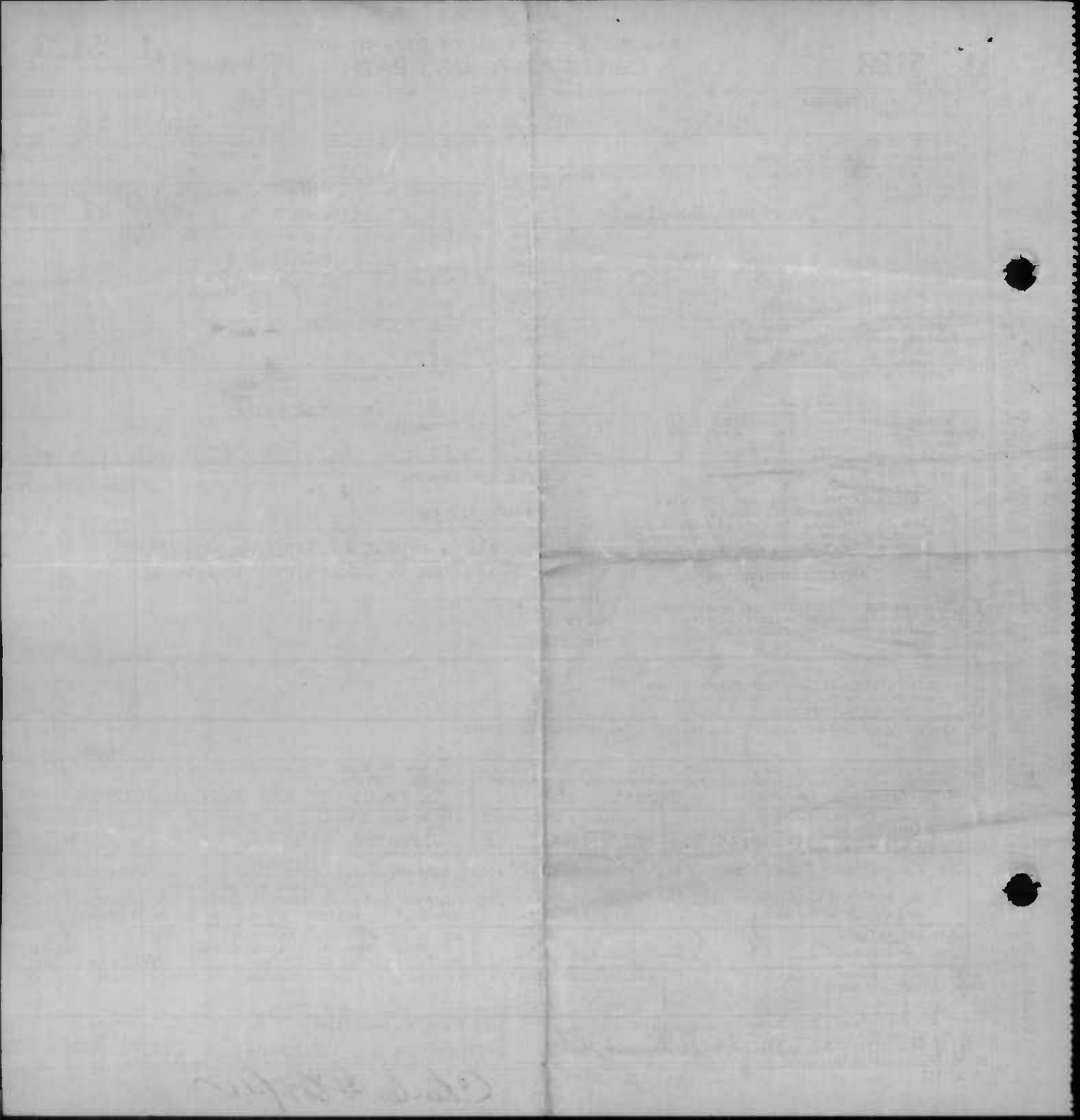
166

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



MARGIN RESERVED FOR BINDING

B-5124

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5124

Registered No. _____

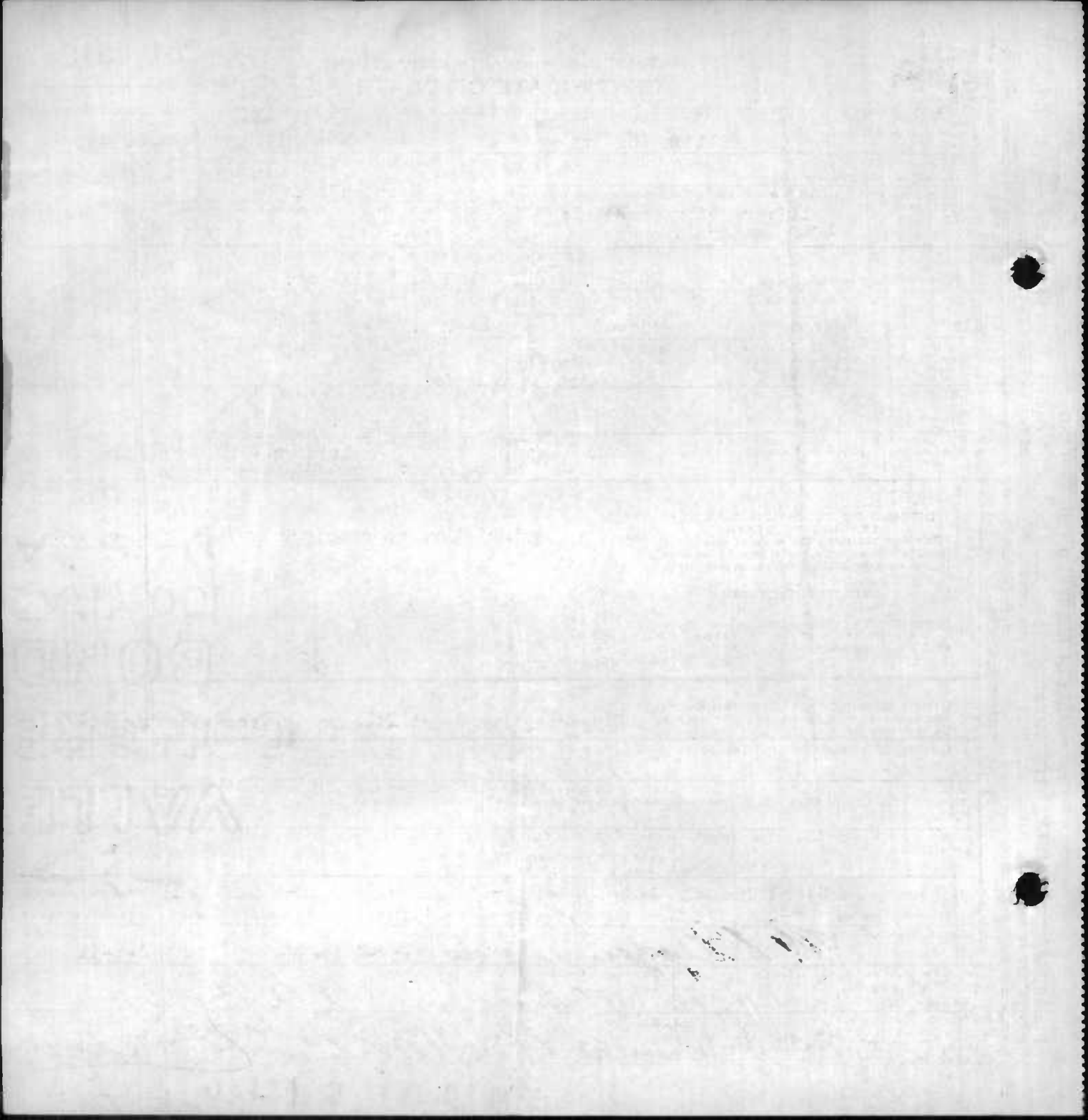
ND-148749

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Willis (N) Briggs		June 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		A. STATE Maryland	
C. CITY OR TOWN Baltimore		B. COUNTY 3-01	
D. STREET ADDRESS (If rural, give location) 107 S. Dallas St.			
c. Length of stay in Baltimore 20 Yrs.			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 25, 1894
9. AGE (In years last birthday) 56		10. UNDER 1 Year Months: Days	
11. UNDER 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night watchman		10B. KIND OF BUSINESS OR INDUSTRY SAND & GRAVEL (X)	
11. BIRTHPLACE (State or foreign country) Ga.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Martin		14. MOTHER'S MAIDEN NAME Willie Ann ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Arteriolar Nephrosclerosis		DUE TO		6 Mos.	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Hypertensive Heart Disease in Decompensation		6 Mos.	

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-22, 19 51 to 6-6, 19 51 that I last saw the deceased alive on 6-6, 19 51, and that death occurred at 6:55 a.m., from the causes and on the date stated above.					
23A. SIGNATURE B. B. Rogers		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-6-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 11-1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) A. A. Co., Md		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 - 1951		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Robert Williams	
VS 150		763-230005116131a			



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

200
51 5125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5125

1. NAME OF DECEASED (Type or Print) <i>Alexander Joshua</i>		2. DATE OF DEATH <i>June 5, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>3308 Remley Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City</i>	
D. STREET ADDRESS (If rural, give location) <i>25406</i>			
c. Length of stay in Baltimore <i>30 years</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 1, 1887</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>64</i>
11. BIRTHPLACE (State or foreign country) <i>McDaniel Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME <i>Henry Joshua</i>		14. MOTHER'S MAIDEN NAME <i>Mary ?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Bessie Joshua</i>		ADDRESS <i>3308 Remley Ave</i>	
18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cancer of prostate</i>		CAUSE OF DEATH (A) DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO			
(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb. 11, 1944</i> to <i>June 5, 1951</i> , that I last saw the deceased alive on <i>June 5, 1951</i> , and that death occurred at <i>9:15 P.m.</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>J. H. Anderson</i>		23B. ADDRESS <i>1612 Edmondson Ave</i>	
23C. DATE SIGNED <i>6-7-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 9, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Int Calvary Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>A. A. Co. Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 8 - 1951</i>		REGISTRAR'S SIGNATURE <i>Robert Williams</i>	
FUNERAL DIRECTOR <i>Robert Williams</i>		ADDRESS <i>1515 Mc Eldery St</i>	

My dear Sir,
I have the honor to acknowledge
the receipt of your letter of the
10th inst. and in reply to inform
you that the same has been
forwarded to the proper
authorities for their consideration.
I am, Sir, very respectfully,
Your obedient servant,
J. B. [Signature]

I am, Sir, very respectfully,
Your obedient servant,
J. B. [Signature]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5126

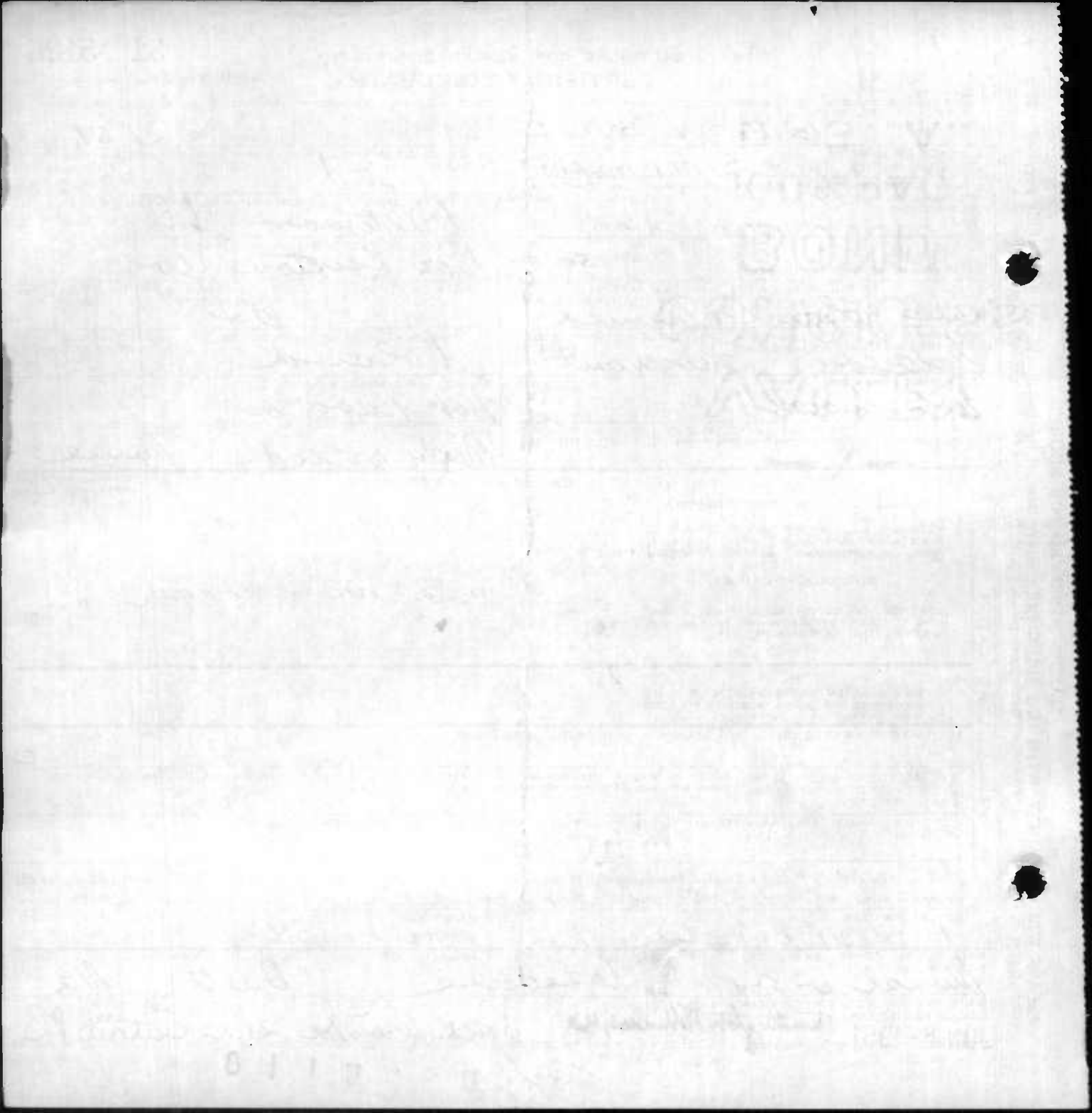
Registered No. _____

5-430
51 5126

1. NAME OF DECEASED (Type or Print) GUSTAV SOLLOD				2. DATE OF DEATH 6/8/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Sinai Hospital				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-03	
c. Length of stay in Baltimore 50 Yrs. Mon Days				D. STREET ADDRESS (If rural, give location) 1802 Lexington Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) unmarried		8. DATE OF BIRTH 6-4	9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY merchant		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME Not known				14. MOTHER'S MAIDEN NAME Not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Molly Solod	
				ADDRESS Same	
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Pulmonary edema DUE TO Antecedent causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchogenic carcinoma DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 28, 1951 to June 8, 1951 , that I last saw the deceased alive on June 8, 1951 , and that death occurred at 10:10 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE Frank E. Winter		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 6/8/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-8-51		24C. NAME OF CEMETERY OR CREMATORY lasedale	
24D. LOCATION (City, town, or county) Balto Md		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 8-1951		24F. REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	
24G. FUNERAL DIRECTOR Jack Lewis		24H. ADDRESS 3100 Centaur Pl		24I. VS 150	

29060005110

47c



MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5127

516
ND-148363 5127
51-10681

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Chamberlain (Annie)

2. DATE
OF
DEATH

June 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

INSTITUTION

4940 Eastern Avenue

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

924 McDonough St. (5)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 10, 1951

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

26

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Chamberlain

14. MOTHER'S MAIDEN NAME

Annie Tillery

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue

18. E921.7

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Aspiration of foreign matter

20-30 minutes

DUE TO

Prematurity

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

hospital

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore City Hospital 26/12

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

6 5 51 1:45

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Aspirated formula

22. I hereby certify that I attended the deceased from 5-10, 1951, to 6-5, 1951, that I last saw the deceased alive on 6-5, 1951, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

O.B. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

6-7-51

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Avenue

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 8-1951

VS 150

N933.0

510005110

1951

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5128
Registered No.51 5128
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSA L. PLEDGE		2. DATE OF DEATH June 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4602 Manordene Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4602 Manordene Rd.		9. AGE (In years last birthday) 80 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
c. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH Oct. 11, 1870	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	11. BIRTHPLACE (State or foreign country) Virginia
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never Worked		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph W. Pledge		14. MOTHER'S MAIDEN NAME Amma S. Whiteford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. Wm. H. Smith - 4602 Manordene Rd.		ADDRESS	

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of the liver DUE TO	CAUSE OF DEATH Cirrhosis of the liver	INTERVAL BETWEEN ONSET AND DEATH months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Possible malignancy in the liver.

19A. DATE OF OPERATION 6	19B. MAJOR FINDINGS OF OPERATION Possible malignancy in the liver.	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **27 August, 1949**, to **6 June, 1951**, that I last saw the deceased alive on **6 June, 1951**, and that death occurred at **8:40 P. M.**, from the causes and on the date stated above.

23. SIGNATURE **Emil H. Henning Jr.** M. D. 23B. ADDRESS **601 Winans Way** 23C. DATE SIGNED **8 June 51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/9/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY JUN 8 - 1951	REGISTRAR'S SIGNATURE Wm. J. Dickney & Sons	25. FUNERAL DIRECTOR Wm. J. Dickney & Sons	ADDRESS
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CERTIFICATE CORRECTED ~~6-18-51~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **51 5129**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

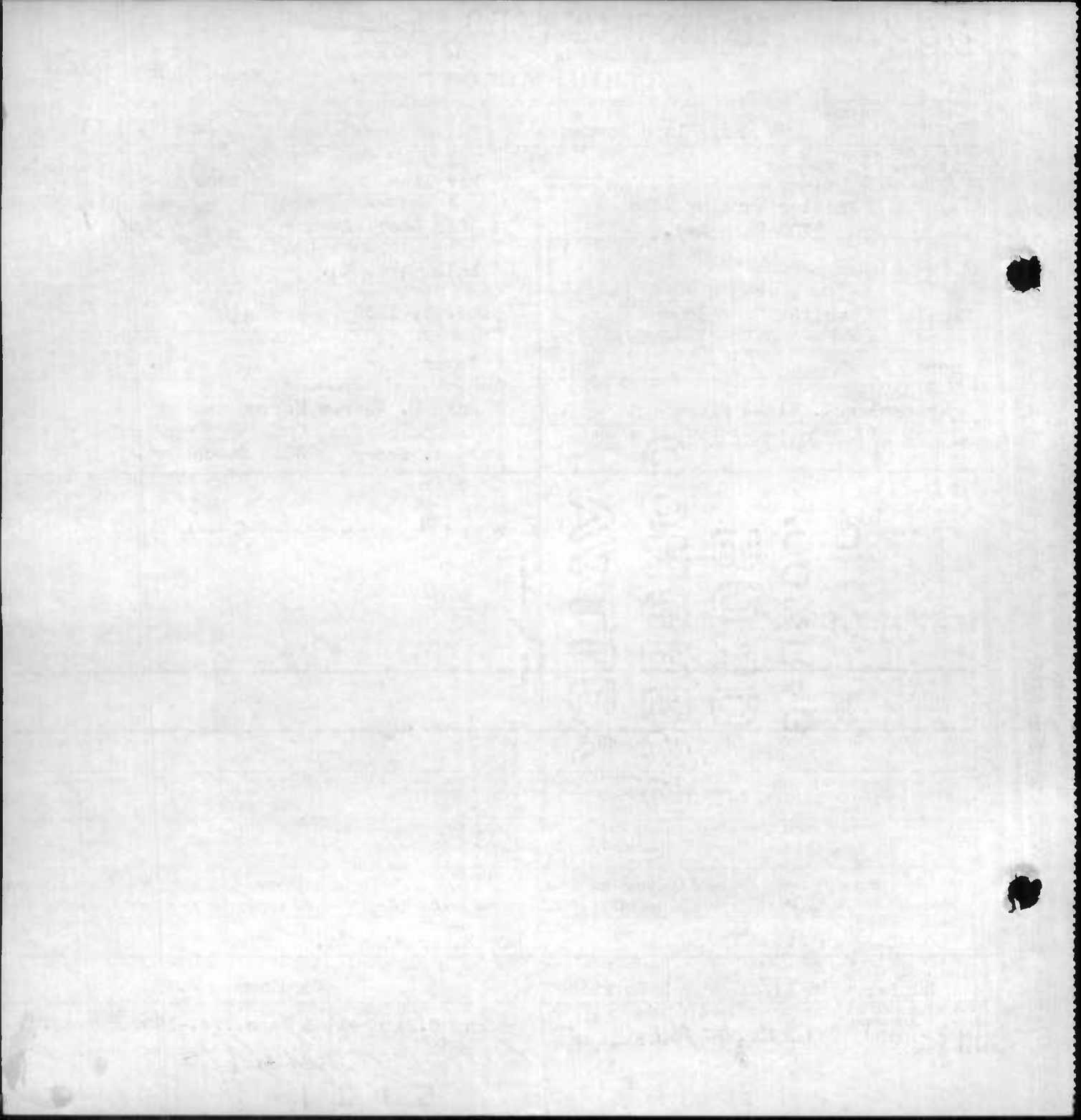
BIRTH NO. 550 5129			1. NAME OF DECEASED (Type or Print) Mary Floyd Bowman			2. DATE OF DEATH June 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none					
B. FULL NAME OF HOSPITAL OR INSTITUTION Wheeler Nursing Home 1700 Park Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 3818 Beech Avenue			D. STREET ADDRESS (If rural, give location) Baltimore, Md.		
c. Length of stay in Baltimore 1 Yrs. Mos. Days			5. SEX female			6. COLOR OR RACE white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed			B. DATE OF BIRTH Dec. 8, 1866			9. AGE (in years last birthday) 84		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Texas		
13. FATHER'S NAME Nicholas Nickolas J. Bloyd Floyd			14. MOTHER'S MAIDEN NAME Mary M. Marrow Morrow			12. CITIZEN OF WHAT COUNTRY? U. S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT Berry Mary F. Beery ADDRESS 3818 Beech Ave.		

18. 422.1 CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteischroke cardiovascular disease			5 yrs +		
DUE TO (A)					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO (B)		
			DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948 , 19 7 June , 1951, that I last saw the deceased alive on 7 June , 1951, and that death occurred at 10:10 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Johna Mitchell, Jr.		23B. ADDRESS 20 E. Preston St.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/11/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.					
DATE RECEIVED BY LOCAL REGISTRAR JUN 8-1951		REGISTRAR'S SIGNATURE Stuartington Williams		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc. ADDRESS -1900 Eutaw Pl.	

VS 150

1951 9005121

93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51 5130**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MARION ENNIS**2. DATE
OF
DEATH**JUNE 7, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

BALTIMORE**26-36**

D. STREET ADDRESS (If rural, give location)

6221 FORTVIEW WAY

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

MARRIED

8. DATE OF BIRTH

9-2-05

9. AGE (in years)

45

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Willmore Ennis

14. MOTHER'S MAIDEN NAME

Ethel Foxwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18.

410X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Coronary heart failure due to**Atherosclerotic fibrosis**

DUE TO

Rheumatic heart disease

(B)

Mitral Stenosis & its offspring

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

24 years**10 years****16 yrs****16 yrs**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Glomerulonephritis**1 year**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-1-51**, to **6-7-51**, that I last saw the deceased alive on **6-7-51**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

William P. Mc Keever

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

June 7 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/11/51

24C. NAME OF CEMETERY OR CREMATOR

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William P. Mc Keever

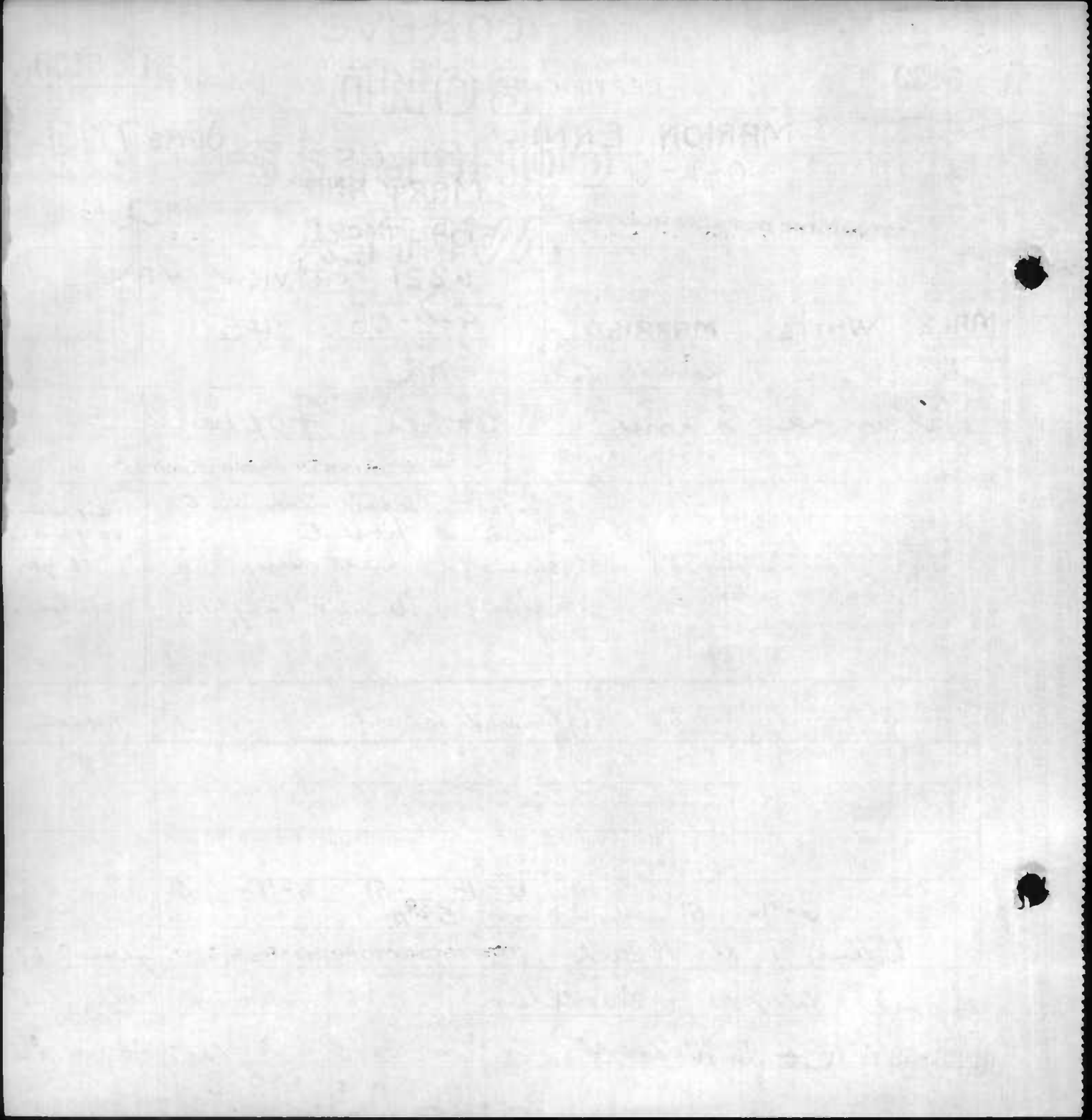
25. FUNERAL DIRECTOR

ADDRESS

W. W. Cook, Inc., 1217 E. Paul St.**JUN 8 - 1951**

VS 150

47074 005122 131a



MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

T-460

51 5131

51-11529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5131
Registered No.

1. NAME OF DECEASED (Type or Print) BABY BOY TAYLOR-"A"			2. DATE OF DEATH 5/22/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-01		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1523 Eutaw Pl.		
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5/22/51	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min. 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) MARYLAND.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME FRED — TAYLOR, JR.			14. MOTHER'S MAIDEN NAME BETTY JANE STEWART		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 761.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ABRUPTIO PLACENTAE DUE TO PREMATURITY			CAUSE OF DEATH PREMATURITY			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO PREMATURITY					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C)					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION PREMATURITY				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23A. SIGNATURE [Signature]			23B. ADDRESS University Hospital		23C. DATE SIGNED 5/24/51			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR JUN 8-1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS				

19510205123

160c

T-460

51 5132

51-11580

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5132

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Taylor "B"

2. DATE
OF
DEATH

5/22/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1523 Eutaw Pl.

5. SEX

m.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/22/51

9. AGE (In years last birthday)

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

FRED - Taylor, Jr

14. MOTHER'S MAIDEN NAME

Betty Jane Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 761.5

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

Abrupt Placental

Prematurity

Prematurity

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

PREMATURITY

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

A. B. O. Kern

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Retained for specimens

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 8-1951

W. H. Williams, Jr

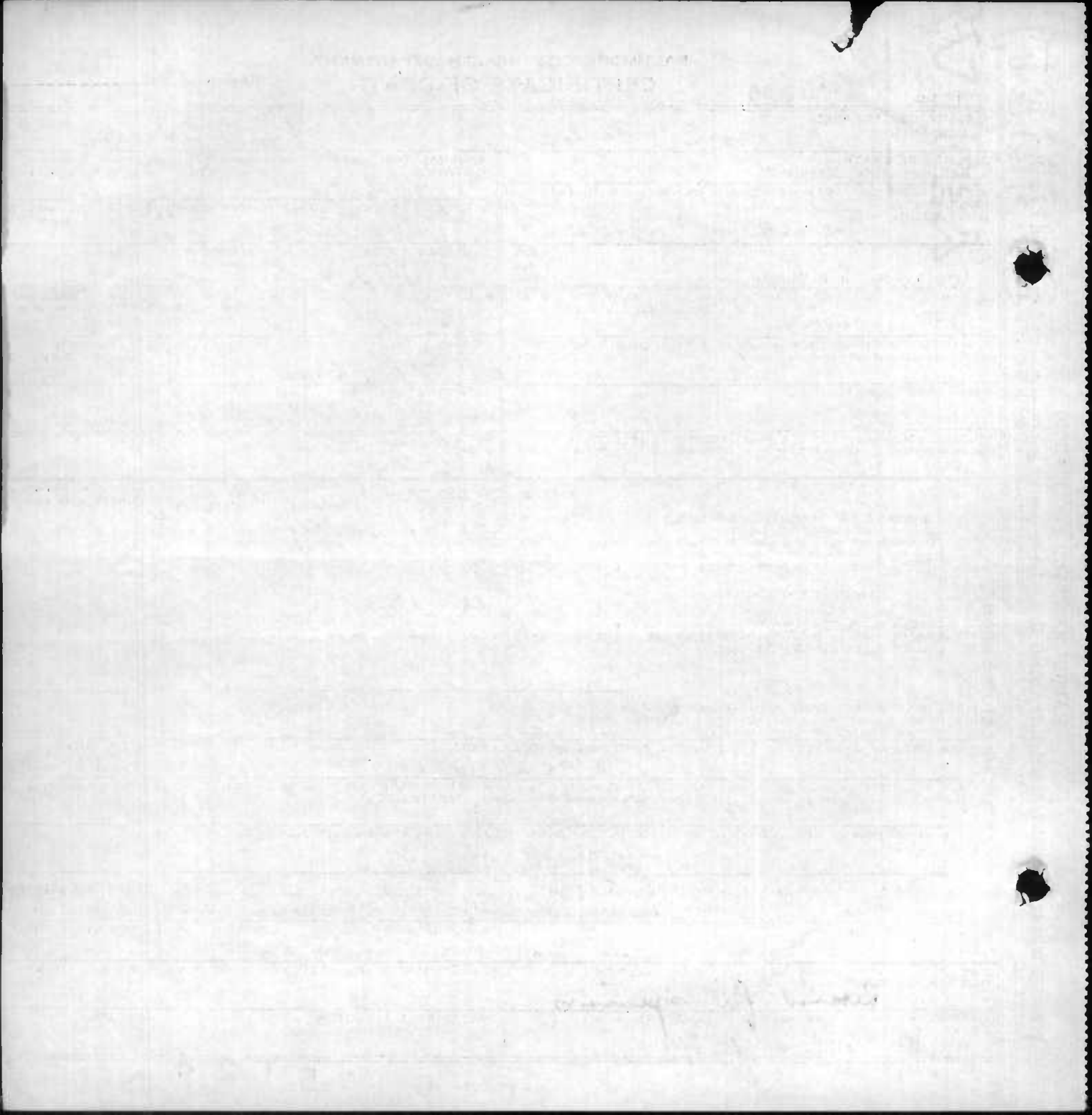
VS 150

9510005124 160c

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5133**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

51-11531
BABY BOY TAYLOR "C"

 2. DATE
OF
DEATH

5/22/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **MD.** B. COUNTY

 B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

 C. CITY OR TOWN (If outside corporate limits, write FULL and give township)
Baltimore 14-01

 D. STREET ADDRESS (If rural, give location)
1523 Euter Rd.

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/22/51

9. AGE (In years last birthday)

10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

FRED - TAYLOR, JR

14. MOTHER'S MAIDEN NAME

BETTY JANE STEWART

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

 18. **761.5**

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH
Abruptio Placentae
Prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

PREMATURITY

20. AUTOPSY?

 YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Geo. T. Lee

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

5/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

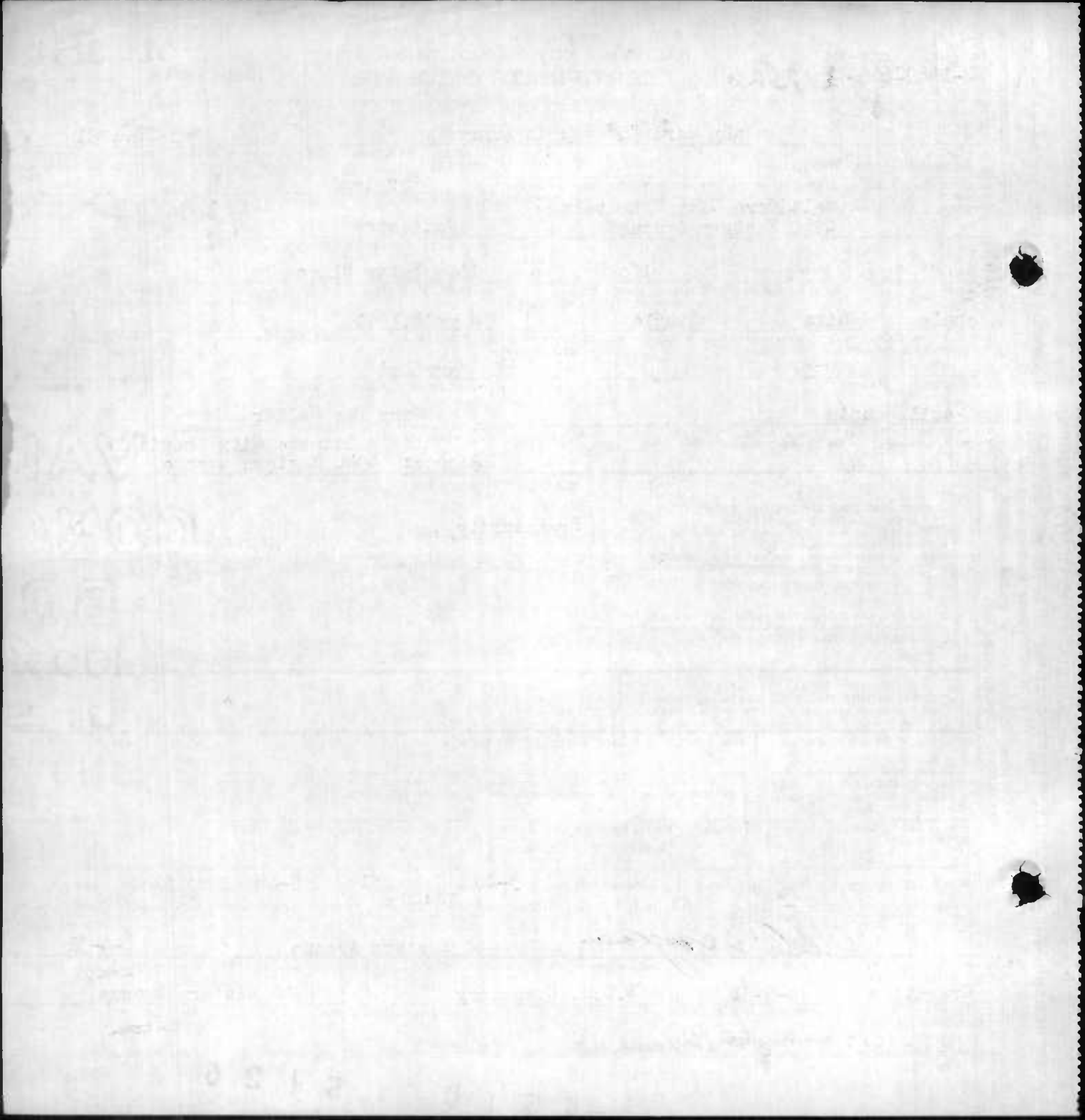
ADDRESS

JUN 8 - 1951
Wilmington, Delaware

15-9

15





PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

M 620
51 5135

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5135

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary Marick</i>		2. DATE OF DEATH <i>June 7, 1951</i>	
3. PLACE OF DEATH a. Baltimore City, Maryland <i>1200 Valley St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore, Md.</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>1200 Valley Street</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>March 6, 1872</i>	9. AGE (In years, last birthday) <i>81</i>	10. Under 1 Year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Jahm Tibull</i>		14. MOTHER'S MAIDEN NAME <i>Mary Maschen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Little Sisters of the Poor</i>	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cerebral Hemorrhage</i> DUE TO <i>Arterio-Sclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>5 yrs</i>		19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>May 28</i> , 1951, to <i>June 7</i> , 1951, that I last saw the deceased alive on <i>June 6</i> , 1951, and that death occurred at <i>4 A</i> m., from the causes and on the date stated above.		23a. SIGNATURE <i>E. G. Hall M.D.</i>	
23b. ADDRESS <i>1631 E North Ave</i>		23c. DATE SIGNED <i>6/7/51</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>6-11-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart</i>		24d. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 8-1951</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Lilly & Zeiler, Inc</i>	
ADDRESS <i>403 S. Wolfe Street</i>		VS 150			

19510005127 83a

CERTIFICATE OF DEATH

DECEASED

AGE

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

M 460
5136BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5136

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Catherine N. Miller

2. DATE
OF
DEATH

6-6-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4216 Sheldon Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

4216 Sheldon Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

2-17-07

9. AGE (In years
last birthday)

44

10 Under 1 Year
Months Days
11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

John Mannell

14. MOTHER'S MAIDEN NAME

Margarueite

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward L. Miller 4216 Sheldon Avenue

18. 170X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

April, 1949

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma of Breast left gland

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1949 to June 5, 1951, that I last saw the
deceased alive on June 5, 1951, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D. [Signature]

23B. ADDRESS

4216 Sheldon Ave

23C. DATE SIGNED

June 7, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-6-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 8-1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler, Inc 403 S. Wolfe Street.

VS 150

1951 0005120

50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Dr. Pack -
4200 Sheldon Ave.

MARGIN RESERVED FOR BINDING

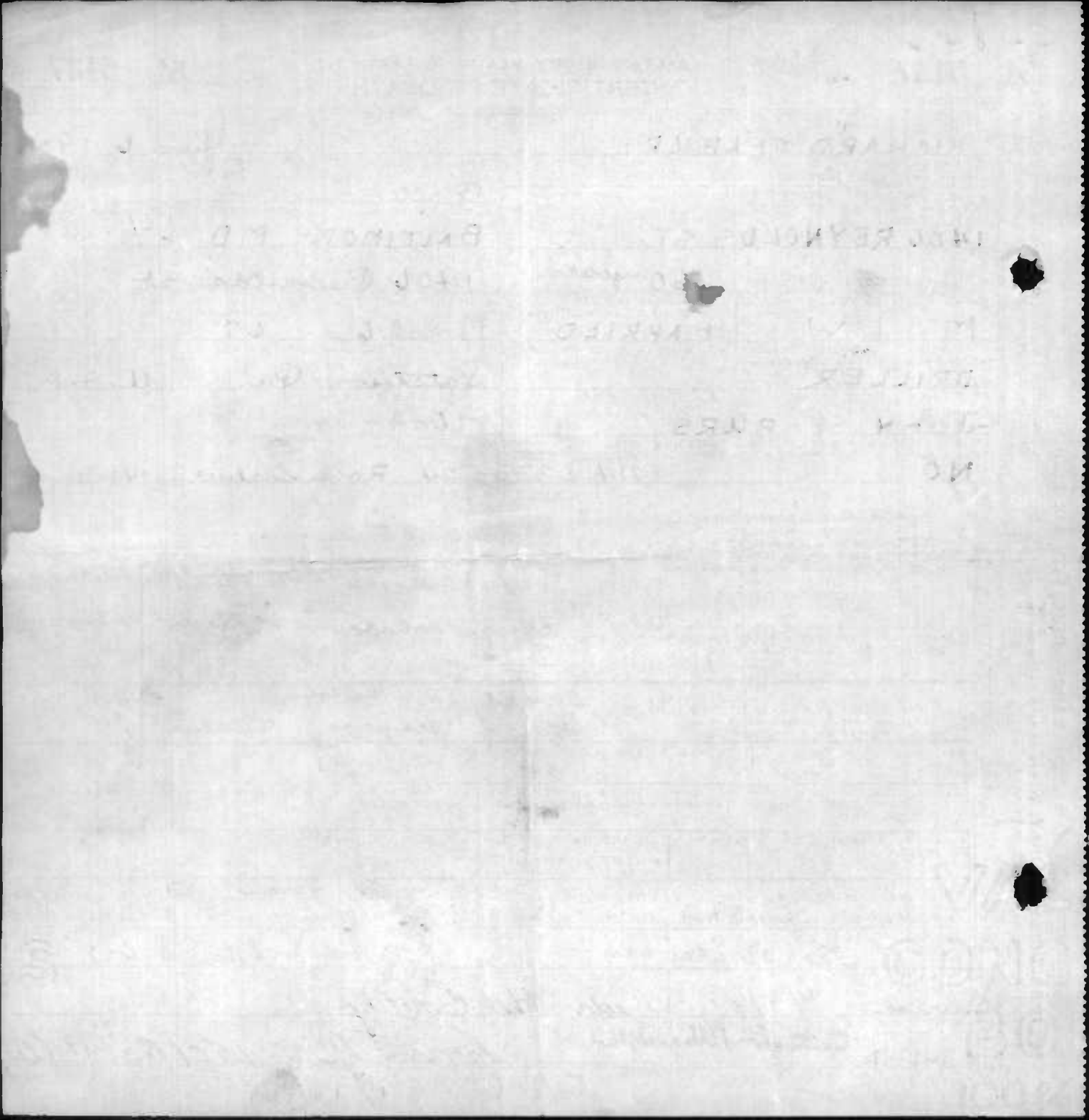
PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5137**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RICHARD SEABURS		2. DATE OF DEATH June 6 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore Md. B. COUNTY 24-01	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1406 REYNOLDS ST.		C. CITY OR TOWN (If outside corporate limits, write town ship) BALTIMORE MD	
D. STREET ADDRESS (If rural, give location) 1406 Reynolds St.		E. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore 60 years		F. STREET ADDRESS (If rural, give location)	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 6 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRILLER		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME JOHN SEABURS		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 214-03-3524	
18. 592X and 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Broncho Pneumonia cardiac Hypertrophy arterio Sclerosis, Hypertension		CAUSE OF DEATH Broncho Pneumonia cardiac Hypertrophy arterio Sclerosis, Hypertension	
19. 592X and 002X DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Interstitial Nephritis		INTERVAL BETWEEN ONSET AND DEATH 3d 13 months 13 months 13 mo	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Tubercle 5th Aorta Gastric Ulcer Atherosclerosis		341 341	
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION ✓	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 9 , 19 50 , to June 6 , 19 51 , that I last saw the deceased alive on June 5 , 19 51 , and that death occurred at 3 m., from the causes and on the date stated above.			
23A. SIGNATURE Thos. F. Stevens		23B. ADDRESS 2878 Harford Rd	
23C. DATE SIGNED 6-7-51		23D. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/7/51	
24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR Jun 8 - 1951		25. FUNERAL DIRECTOR Chas. F. Hill	
ADDRESS 1501 E. Fort Ave.		ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5138

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE N. BOYD

2. DATE
OF
DEATH

JUNE 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

BALTO.

27-13

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

704 W. MELROSE AVE.

D. STREET ADDRESS (If rural, give location)

704 W. MELROSE AVE.

c. Length of stay in Baltimore

6

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT. 30, 1876

9. AGE (In years
last birthday)

74

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

EXECUTIVE

10B. KIND OF BUSINESS OR
INDUSTRY

ADVERTISING

11. BIRTHPLACE (State or foreign country)

N.Y.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

FRANCIS O. BOYD

14. MOTHER'S MAIDEN NAME

MARY I. BONNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. MARY C. MOTTAR

SAME

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1950 to June 7, 1951, that I last saw the deceased alive on June 7, 1951, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Buck

M. D.

23B. ADDRESS

18 E. Egan St

23C. DATE SIGNED

June 8, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

CREMATION

24B. DATE

6-9-1951

24C. NAME OF CEMETERY OR CREMATORY

GREENMOUNT

24D. LOCATION (City, town, or county) (State)

BALTO.

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 8-1951

REGISTRAR'S SIGNATURE

H. W. Jenkins

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS Co. 4905 YORK

ADDRESS

4905 YORK

DR. W. BUCK

18 E. EAGER ST.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5139

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN P. SMITH

2. DATE
OF
DEATH

June 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 900 S. Conkling St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

900 S. Conkling St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

December 8, 1869

9. AGE (In years
last birthday)

81

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Crown Can Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

J.P. Smith

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

219-18-4624

17. INFORMANT

Mrs. Ethelreda McGee 900 S. Conkling St.

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 days

4 days

Indef.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 June 1951 to 6 June 1951, that I last saw the
deceased alive on 5 June 1951, and that death occurred at 3:10 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 9, 1951

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

4701 German Hill Rd. Balto. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 8 - 1951

R. H. Williams, Jr.

Charles S. Geiler 901 S. Conkling St.

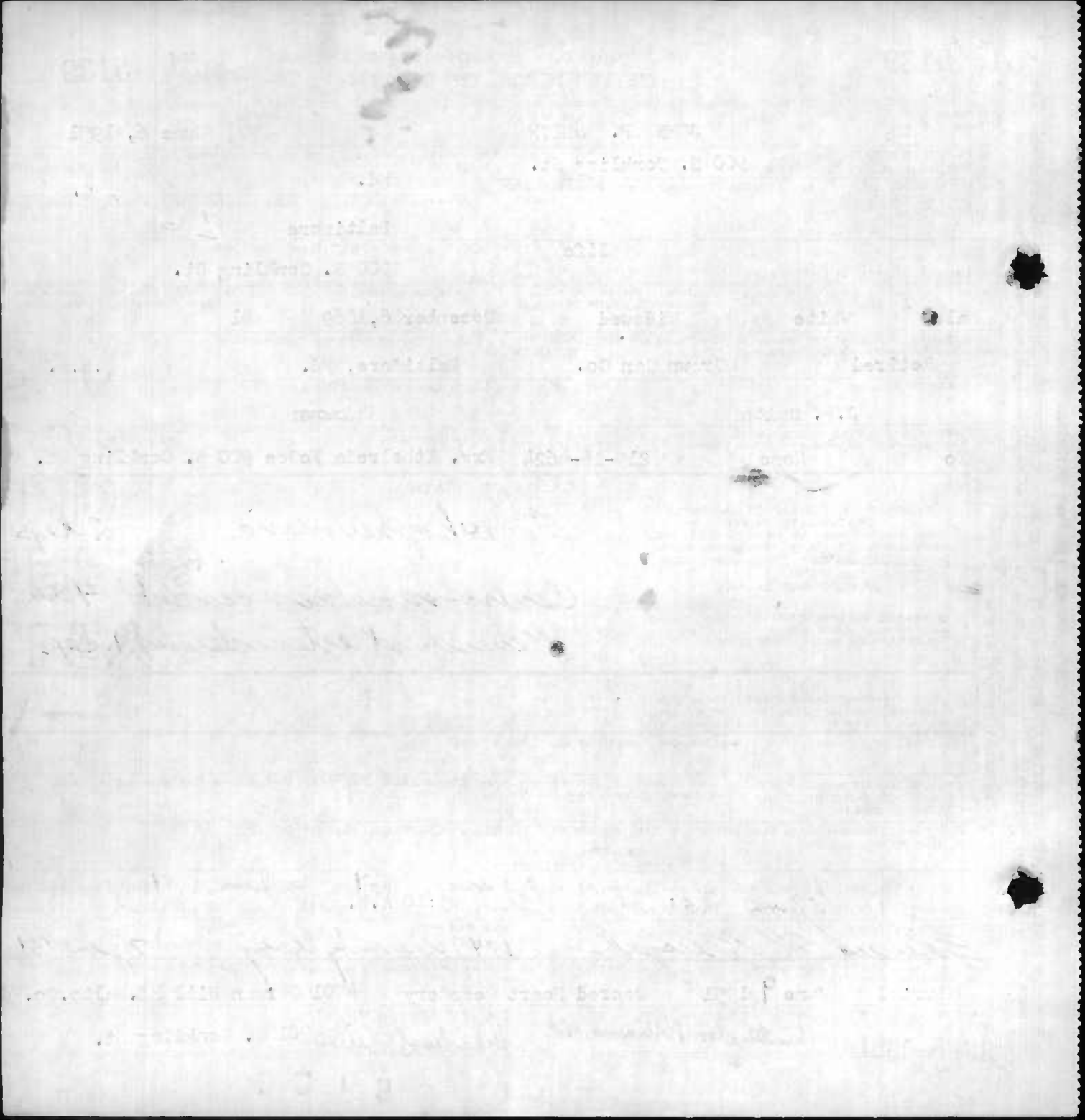
VS 150

51 5139

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5140

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM FORTUNE

2. DATE
OF DEATH June 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits write full name and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

514 N. Carrollton Ave.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

7/1/1884

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

Reistertown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Martha Dett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL SECURITY NO.
218-10-2825

17. INFORMANT

ADDRESS

John Buchanan - 12 W. Monument St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR23C. DATE SIGNED
June 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR
JUN 8 - 1951

REGISTRAR'S SIGNATURE

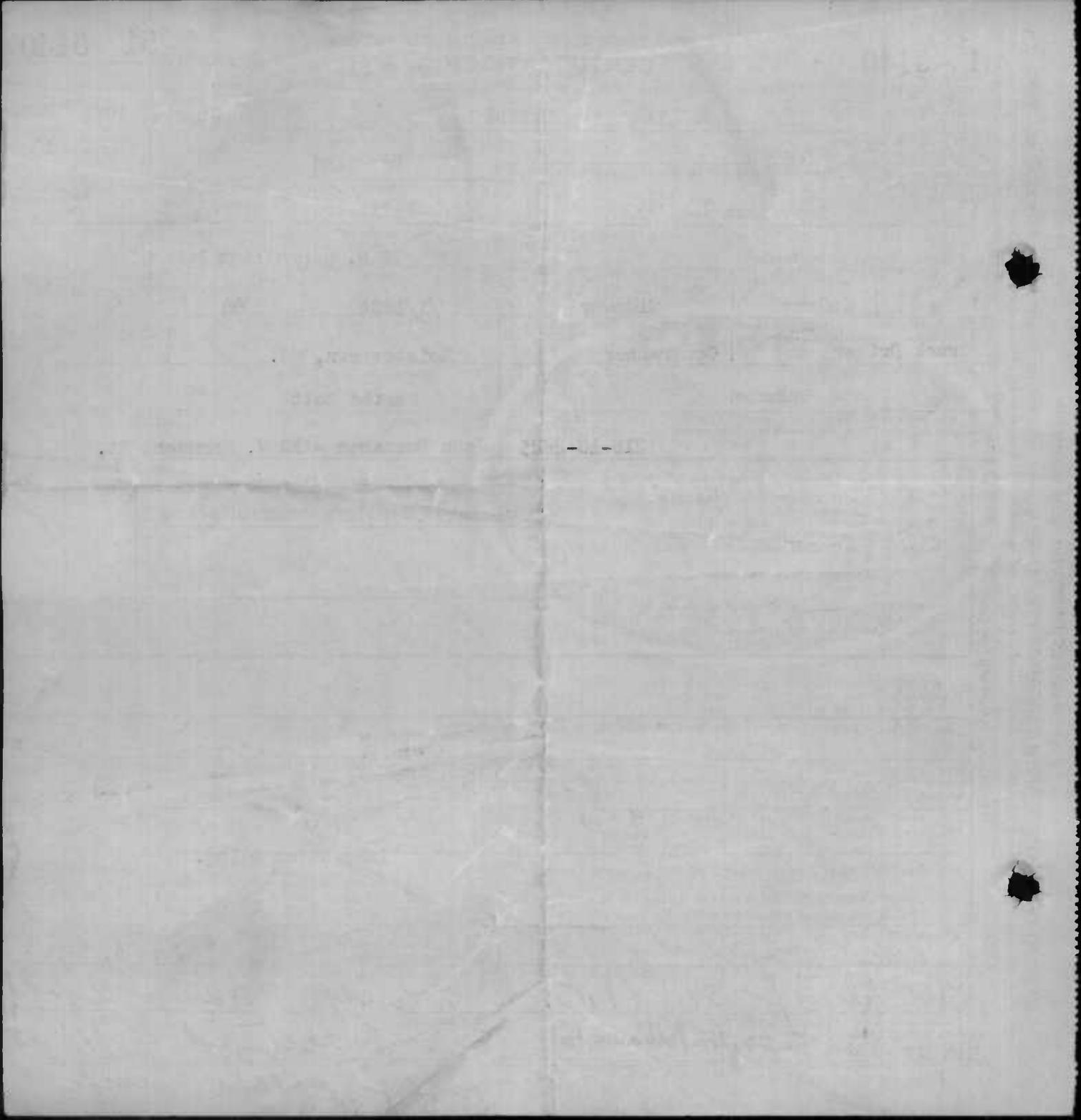
25. FUNERAL DIRECTOR

ADDRESS

VS 151

68324

W. Halstead - 918-
68324 - 918-935



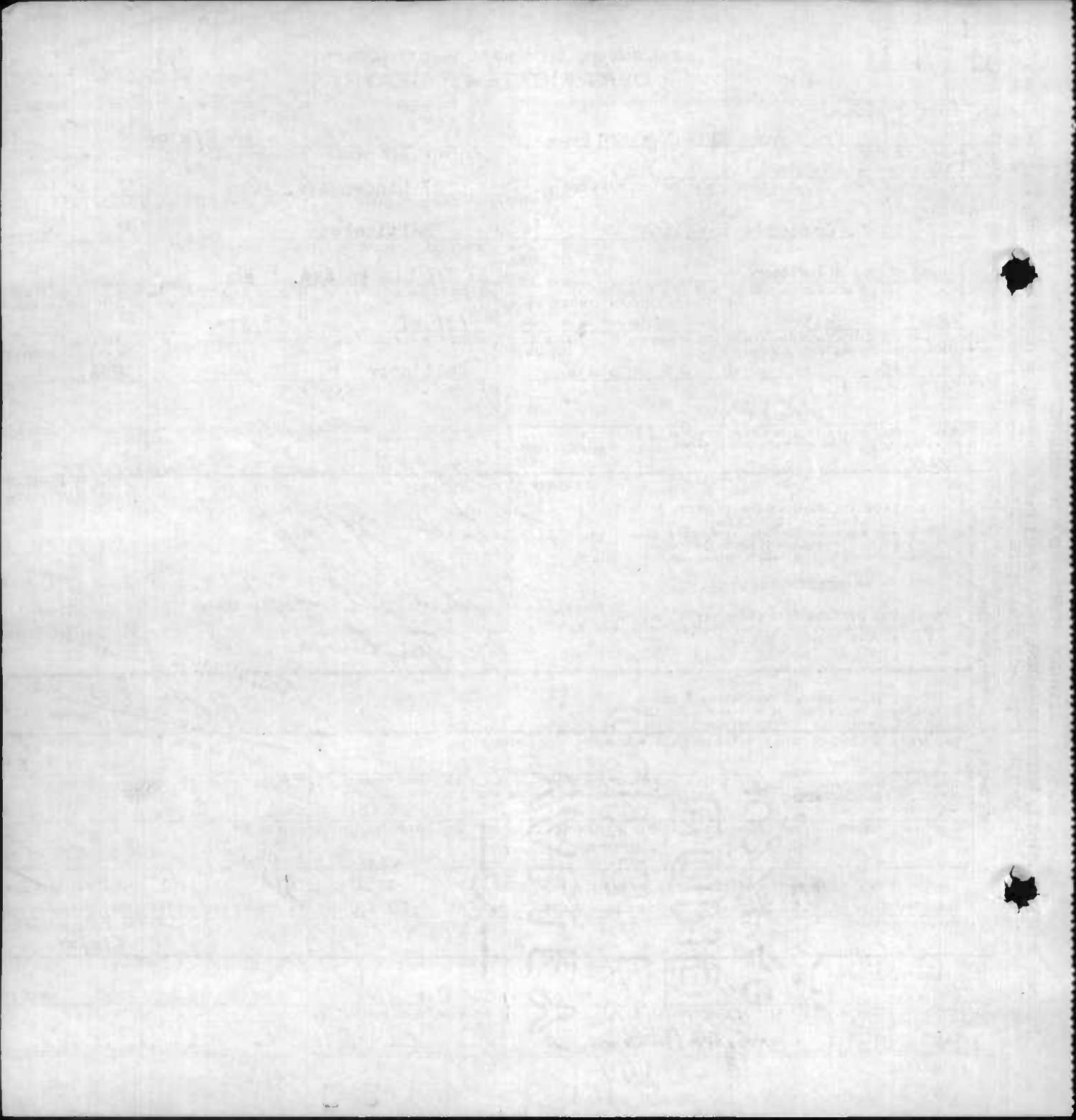
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5141

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Mrs. Mary Elizabeth Oliver</u>		2. DATE OF DEATH <u>6/8/51</u>	
3. PLACE OF DEATH: a. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Baltimore</u> B. COUNTY <u>Rural</u>		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		c. Length of stay in Baltimore Yrs. <u>5300</u> Mos. <u>6807</u> Days <u>Linden Ave. #6</u>		6. DATE OF BIRTH <u>8/4/57</u>	
7. SEX <u>Female</u>	8. COLOR OR RACE <u>White</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	10. AGE (in years last birthday) <u>93 yrs.</u>	11. Under 1 Year Months: <u>5300</u> Days: <u>6807</u>	12. Under 24 Hours Hours: <u>6807</u> Min: <u>Linden Ave. #6</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>hwfe.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>AT Home</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
13. FATHER'S NAME <u>Welch</u>		14. MOTHER'S MAIDEN NAME <u>USA</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. F. M. Shade 6807 Linden Ave.</u>		ADDRESS	
18. 1B. <u>450.0 and E903.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Fracture - Left Hip.</u>		CAUSE OF DEATH (A) <u>Fracture - Left Hip.</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Senile Arteriosclerosis</u> DUE TO (C) <u>+ Emphysema</u>		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY <u>R. Fisher M.D.</u> CHIEF OR ASST. MEDICAL EXAMINER	
20. 19A. DATE OF OPERATION <u>3-11-51</u>		21. 19B. MAJOR FINDINGS OF OPERATION		22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		24. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		25. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>6807 Linden Ave.</u>	
26. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>3-11-51</u>		27. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		28. 21F. HOW DID INJURY OCCUR? <u>Slipped & fell to floor</u>	
29. 22. I hereby certify that I attended the deceased from <u>3/11</u> , 19 <u>51</u> , to <u>6/8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/8/51</u> , 19 <u>51</u> , and that death occurred at <u>8:30 pm</u> from the causes and on the date stated above.					
30. 23A. SIGNATURE <u>Wm. H. Rodgers</u>		31. 23B. ADDRESS <u>M. D.</u>		32. 23C. DATE SIGNED <u>6/8/51</u>	
33. 24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		34. 24B. DATE <u>6/11/51</u>		35. 24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cem.</u>	
36. 24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>		37. DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 9 - 1951</u>		38. REGISTRAR'S SIGNATURE <u>Wm. H. Rodgers</u>	
39. 25. FUNERAL DIRECTOR <u>Lassell Funeral Home 7401 Belair Rd.</u>		40. ADDRESS		41. VS 150	

N-8201 19510005133

186a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5142 Registered No. 51 5142

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Jane Carre

2. DATE
OF
DEATH

6-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

2-23-91

9. AGE (In years
last birthday)

60 yrs.

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore County

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Asbury Chenoweth

14. MOTHER'S MAIDEN NAME

Dora Meise

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Betty Burton, 7844 Vernon Ave. Balto. 6

18. 585X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Acute Myocardial Infarction*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis*
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetic Nephrosis

19A. DATE OF OPERATION

6-7-51

19B. MAJOR FINDINGS OF OPERATION

Acute Myocardial Infarction

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Rodgers

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

June 11, 1951

24C. NAME OF CEMETERY OR CREMATORY

Hiss Meth. Cemetery

24D. LOCATION (City, town, or county)

Parkville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 9 - 1951

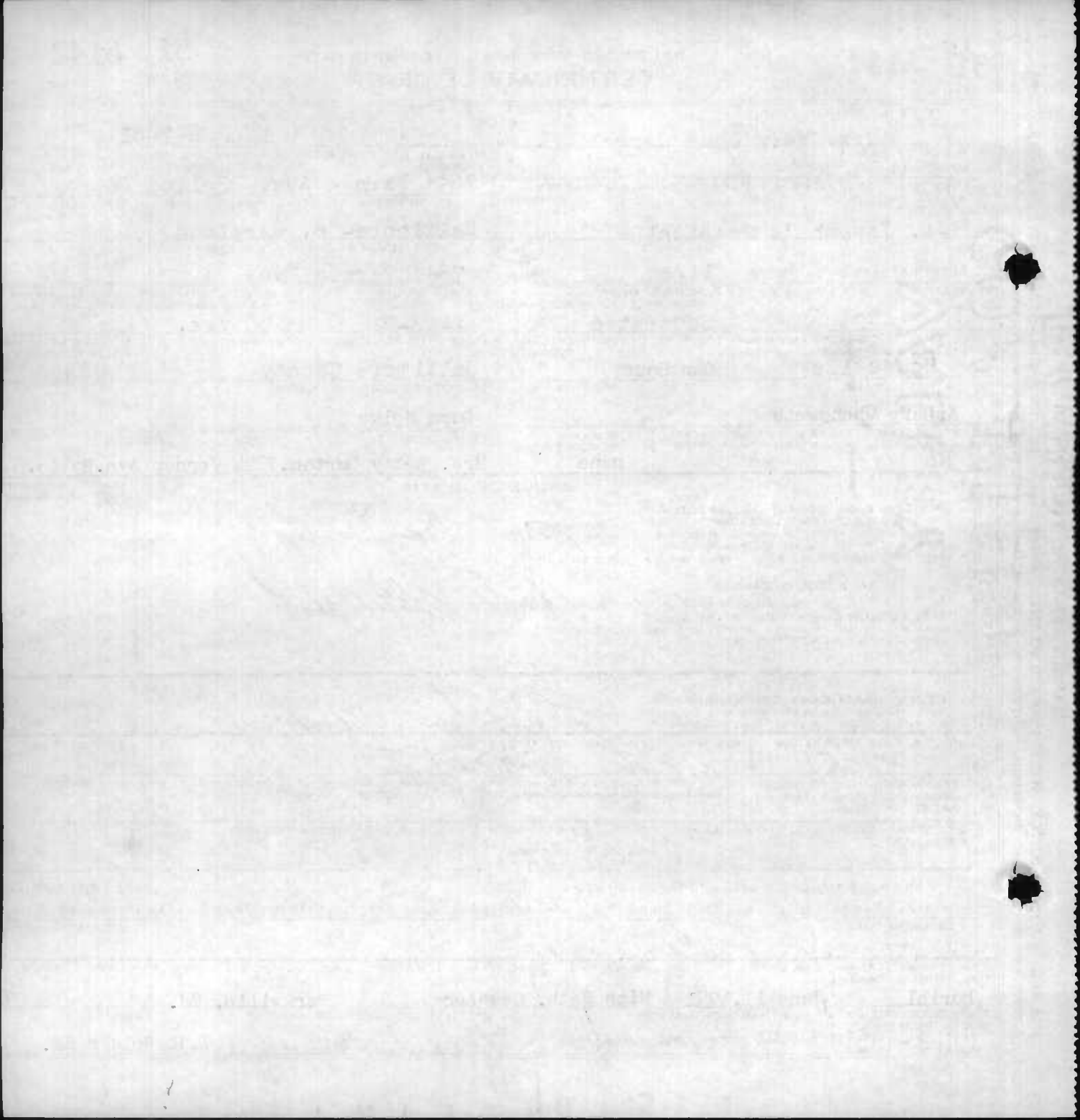
REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lazarus Funeral Home 7401 Belair Rd.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 5143

BIRTH NO. 51 5143

1. NAME OF DECEASED (Type or Print) Orville Penn			2. DATE OF DEATH June 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 19-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION 521 N. Stricker St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 521 N. Stricker St.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 1881	9. AGE (in years, last birthday) 69	II Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME James Penn			14. MOTHER'S MAIDEN NAME Ruth Noggins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS David Penn 2021 Division St.		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio. Renal disease DUE TO (A) 1 Hypertension DUE TO (B) Arteriosclerosis DUE TO (C) Arteriosclerosis			CAUSE OF DEATH Cardio. Renal disease 1 Hypertension Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 6-5-51			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 6-5-51 , to 6-7-51 , 19 51 , that I last saw the deceased alive on 6-5-51 , 19 51 , and that death occurred at 8 p m., from the causes and on the date stated above.								
23A. SIGNATURE George B. Adams		23B. ADDRESS 2327 W. North Ave		23C. DATE SIGNED 6-8-51				
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/10/51		24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk, Inc.		24D. LOCATION (City, town, or county) (State) Arbutus, Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.		25. FUNERAL DIRECTOR Geo. G. Kelson		ADDRESS 1303 Presstman S		

VS 150

19510205135

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

ROCKHAW
D. S. A.

BROND

CONGLES

WALLEY

2327
north

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5144

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Dieringer Vanderwaart

2. DATE
OF
DEATH

6/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

14-01

township)

c. Length of stay in Baltimore

10 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1732 Bolton St #17

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7/2/1894

9. AGE (In years

last birthday)

56

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOSEPH DIERINGER

14. MOTHER'S MAIDEN NAME

HENRIETTA BROWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louis S Vanderwaart as above

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Meningitis (non-epidemic)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Diabetes mellitus & acidosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6/7, 1951, to 6/7, 1951, that I last saw the
deceased alive on 6/7, 1951, and that death occurred at 8:17 m., from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louise Candler

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

6/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6/11/51

24C. NAME OF CEMETERY OR CREMATORY

FRANKLIN CEMETERY

24D. LOCATION (City, town, or county)

FRANKLIN, PENNA.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 9 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

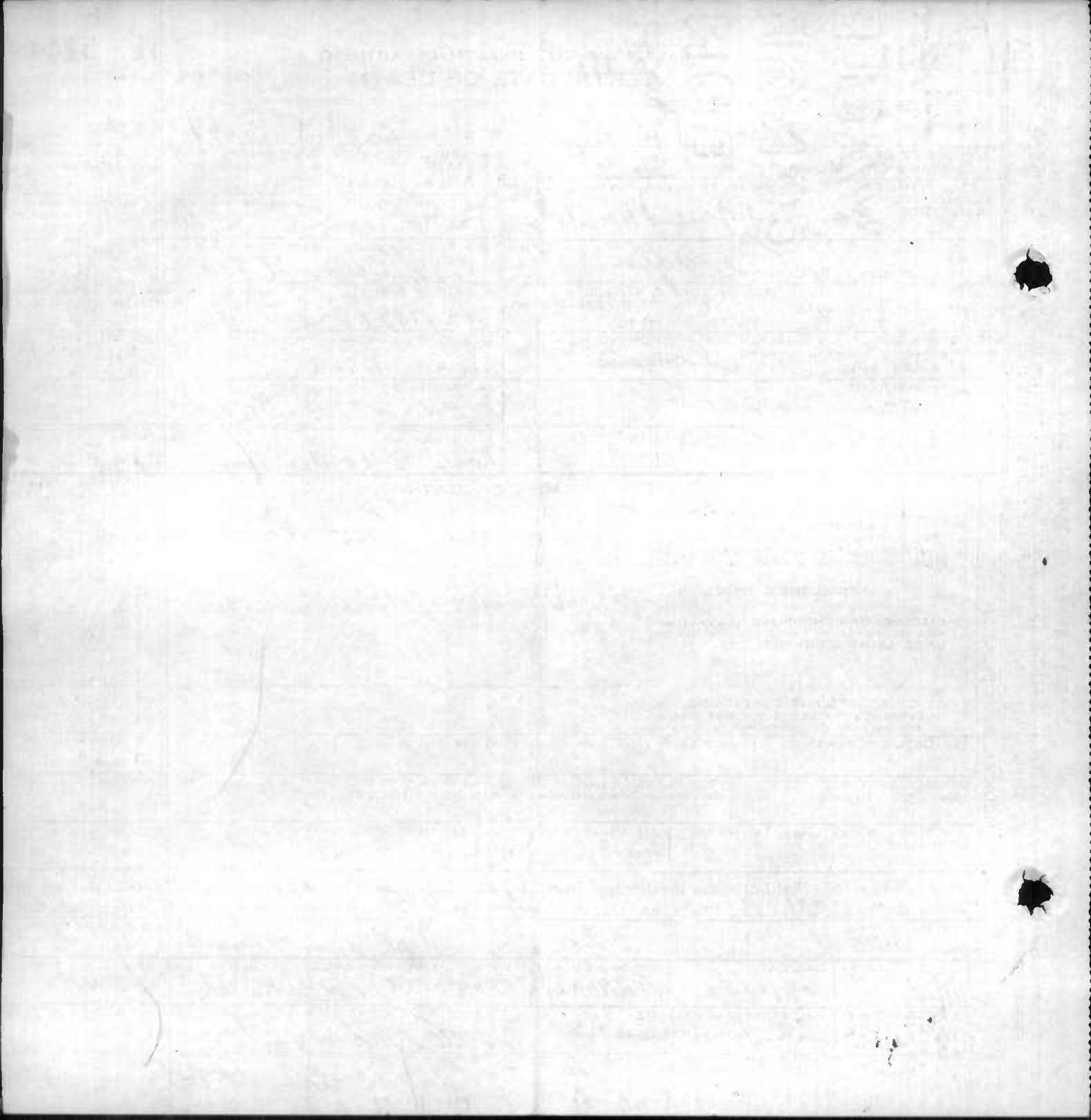
25. FUNERAL DIRECTOR

Mac Nabbs & Son

ADDRESS

Catonsville, Md

61



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 5145**

BIRTH NO. **520**

1. NAME OF DECEASED
(Type or Print)

DONALD WAYNE MANESS

2. DATE OF DEATH **June 8, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Howard**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Nr Savage

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July - 1950

9. AGE (In years last birthday)

11 Months: Days Hours: Min.

11

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Savage, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John R. Maness

14. MOTHER'S MAIDEN NAME

Lucille Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John R. Maness, Father, Savage, Maryland

18. **019.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Milliary tuberculosis with meningitis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ 23C. DATE SIGNED **6-8-51**

M.D.

MEDICAL INVESTIGATOR

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6-9-1951

ivy Hill

LAUREL-PRINCE-CO-MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

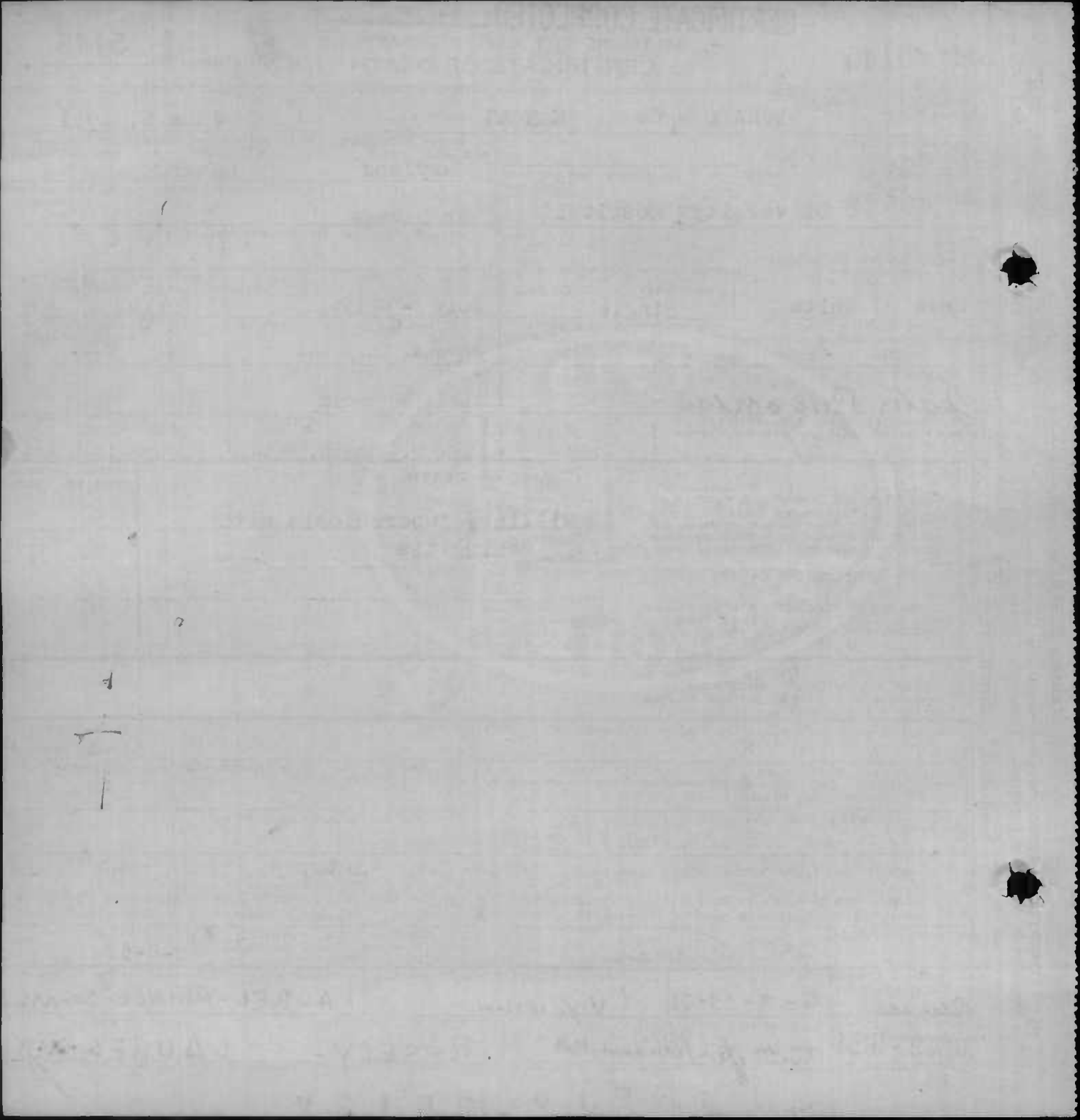
ADDRESS

JUN 9 - 1951

W. H. Williams, M.D.

R. SELBY

LAUREL-MD



AB-149216

51 5146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5146
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Tom (CHARLIE TOM)

2. DATE
OF
DEATH

6-7-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

323 Park Ave.

c. Length of stay in Baltimore

63yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Chinese

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 4- 1887

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

probably Restaurant

11. BIRTHPLACE (State or foreign country)

China

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Tom See

14. MOTHER'S MAIDEN NAME

Leong ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 540.0 I and 002X CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Shock

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

? 6-8hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Ruptured Peptic Ulcer

? 6-8hrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

? Pulmonary Tuberculosis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7-1951, to 6-7-1951 that I last saw the
deceased alive on 6-7-1951, and that death occurred at 8.10Pm., from the causes and on the date stated above.

23A. SIGNATURE

P. H. Ogden

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

6-7-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 9 - 1951

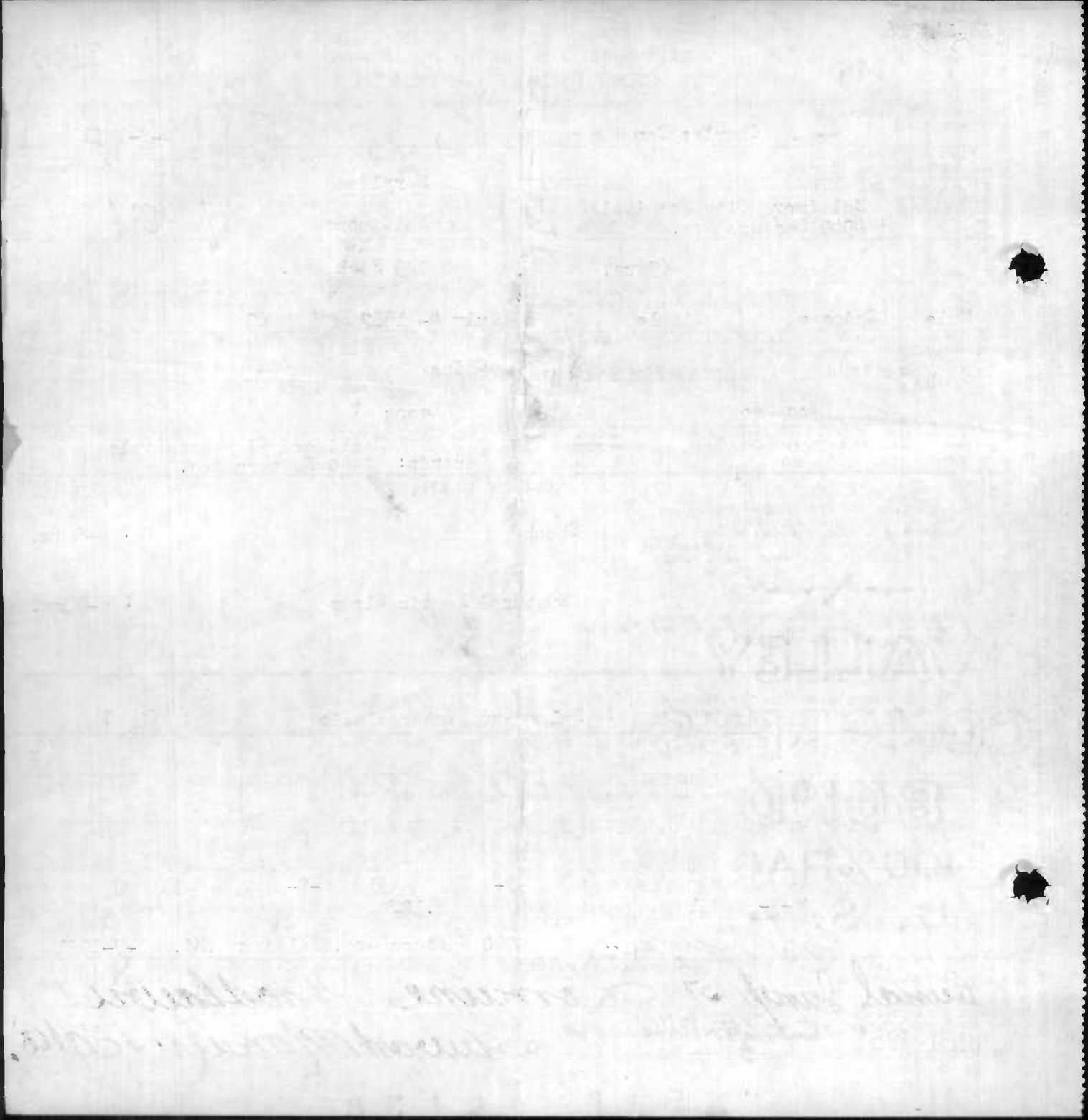
REGISTRAR'S SIGNATURE

Ruthington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Stewart Morris & Sons



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5147

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Esther Mae Jones

2. DATE
OF
DEATH

June 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

426 N. Gilmore

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write full address and give township)

D. STREET ADDRESS (If rural, give location)

638 W. Mulberry St.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/6/1913

9. AGE (in years)

38

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Clairmont Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Ruffin

14. MOTHER'S MAIDEN NAME

Lelia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

John C. Jones W. Mulberry St. 638

18. 241X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Bronchial Asthma

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7, 1951, to 6/7, 1951, that I last saw the deceased alive on 6/7, 1951, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph W. Williams

23B. ADDRESS

742 N. Glen St.

23C. DATE SIGNED

6/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/11/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Vernon Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 9 - 1951

REGISTRAR'S SIGNATURE

Ralph W. Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams 9. S. Broadway

ADDRESS

322

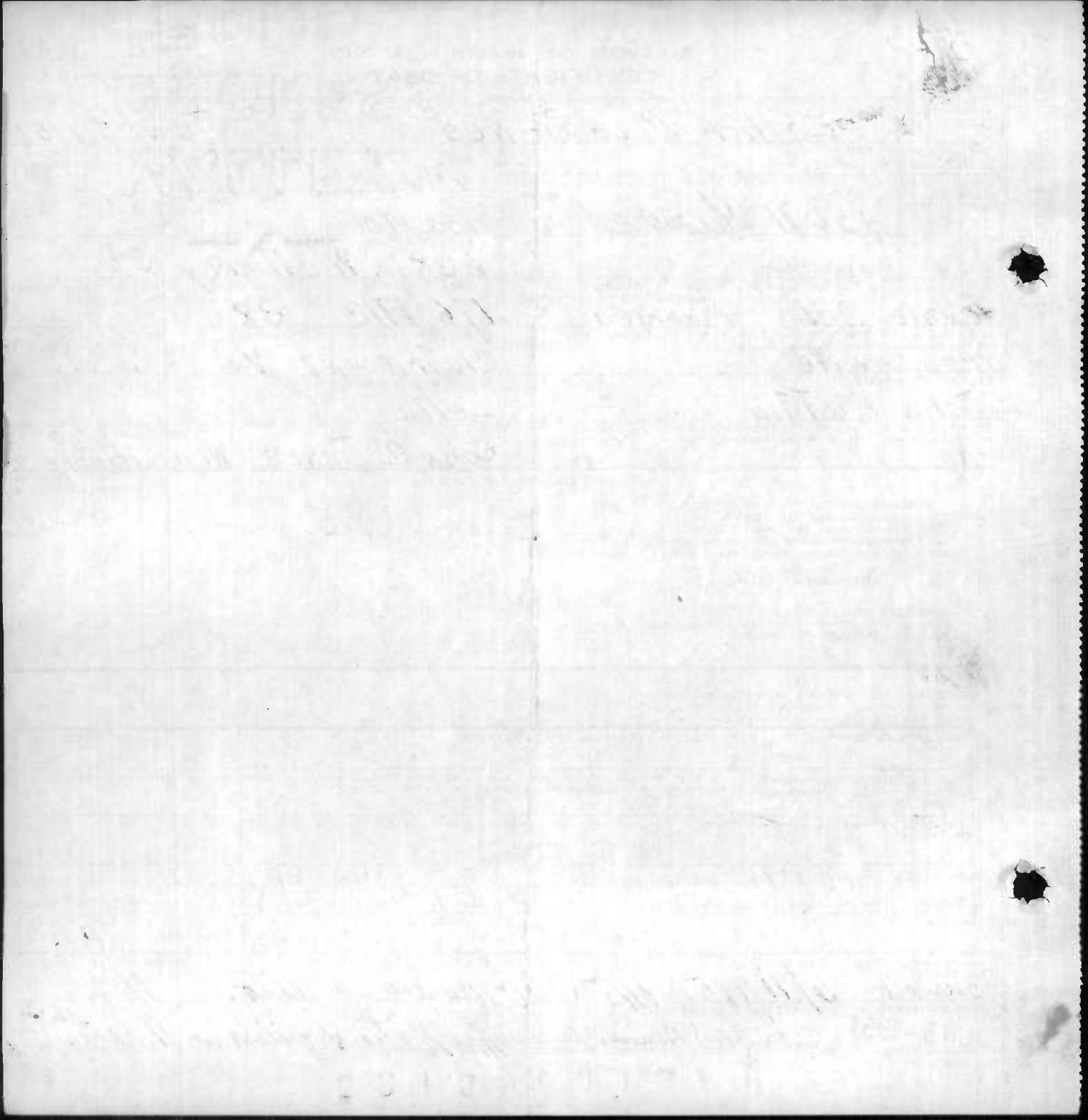
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112

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5148
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES LITTLE

2. DATE
OF
DEATH

June 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1311 W. Saratoga Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan. 17, 1904

9. AGE (In years
last birthday)

47

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Railroad - CABOTER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pick Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Little

14. MOTHER'S MAIDEN NAME

Polman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

W.W. II

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alverta Little, 1311 W. Saratoga St.

18. E 929.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Water

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Water at foot of Benhill St., Curtis Bay

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 6, 1951 9:40 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

M.D.

23C. DATE SIGNED

June 7, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/12/1951

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 9 - 1951

REGISTRAR'S SIGNATURE

William Wood

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

392

VS 151

N 990.0

F 9-59 P 05:00 5140

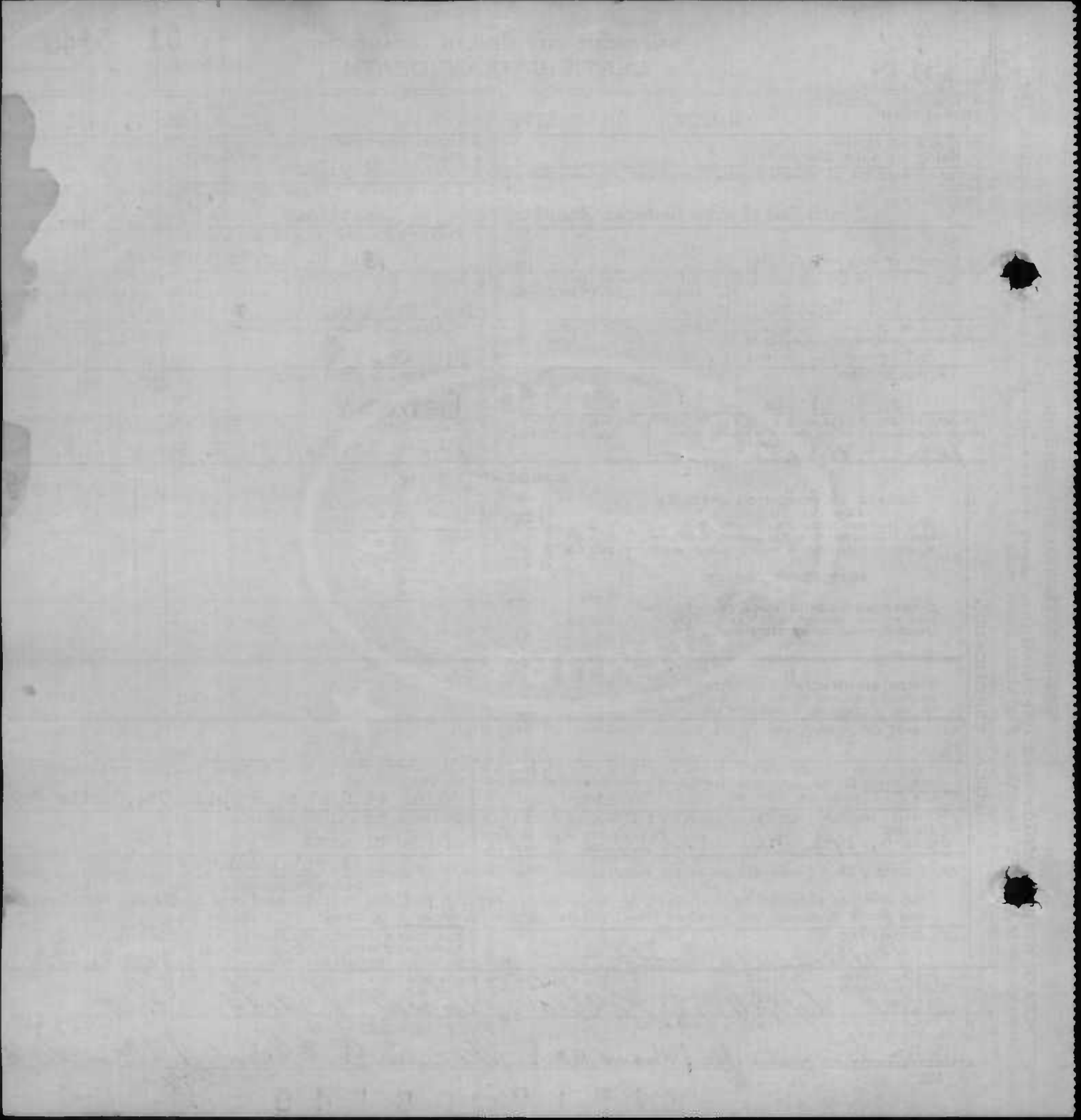
183

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51 5149**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**KESS****LITTLE**2. DATE
OF
DEATH**June 6, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**Franklin Square Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

761 1/2 W. Fayette St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

19059. AGE (In years
last birthday)**45**If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Burner**10B. KIND OF BUSINESS OR
INDUSTRY**Metal Works**

11. BIRTHPLACE (State or foreign country)

North Carolina12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Kinch Little

14. MOTHER'S MAIDEN NAME

Pat ?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Preston Little 714 N. Vincent St.18. **443X and 224X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Pheochromocytoma**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Hypertensive Cardiovascular Disease**

DUE TO

(C) **Cerebral hemorrhage**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dinschger

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
June 7, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**6/10/1951****Mt Auburn****Balto.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

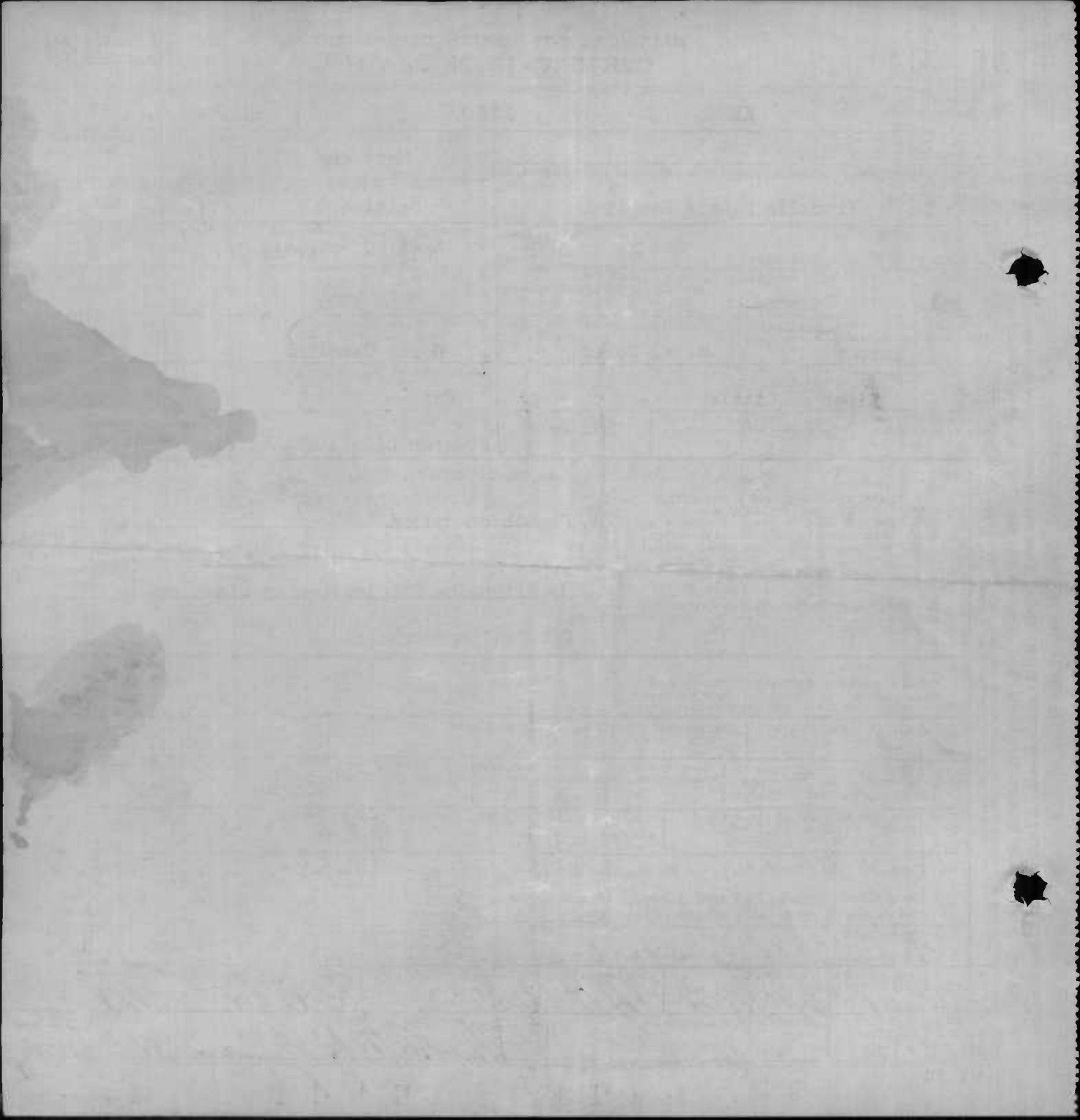
ADDRESS **322****JUN 9 - 1951****Wilmington, Delaware****Mrs. Kate R. Williams****N. Schuyler**

VS 151

10-51 0853FS 141

93D

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5150**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**BRIGID-A-FECTO**2. DATE
OF
DEATH**June 7-1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Ind

B. COUNTY

26-0-3

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3852 Lyndale Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3852 Lyndale Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov 26-1882

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr Felix A. Fecto-3852 Lyndale Ave18. **170X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of Breast**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/7, 1950** to **6/7, 1951**, that I last saw the deceased alive on **6/6, 1951**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Joseph Lombey

23B. ADDRESS

441 S. Eeewood Ave

23C. DATE SIGNED

6/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial**June 11-1951****New Cathedral****Balto**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9-1951**Antonia Williams****Joe J. Herr + Son****3001 Kentucky Ave.**

~~James A Bailey~~

4511

7

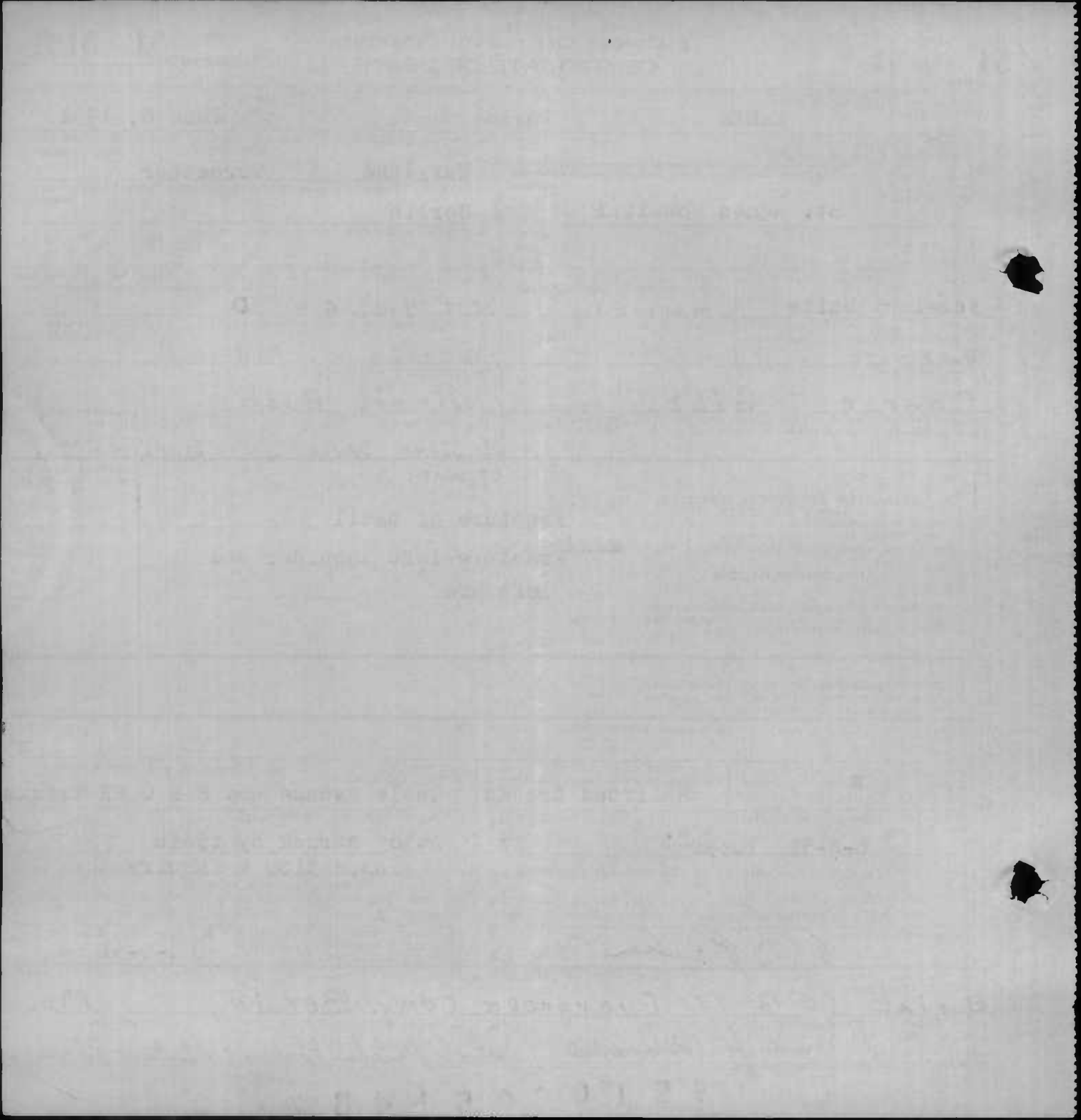
St Touhy

441 S Ellwood Ave

Kathland Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 5151

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MARIE DAVIS		June 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital				A. STATE Maryland	
				B. COUNTY Worcester	
				C. CITY OR TOWN Berlin	
				D. STREET ADDRESS (If rural, give location) 7300	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Sept. 14, 1920		9. AGE (in years last birthday) 30		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Woodlawn, Md.		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Charles Giles	
14. MOTHER'S MAIDEN NAME Winnie Bush		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Sidney Davis		ADDRESS Berlin, Md.			
18. E 810.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull XXXX Fracture left shoulder and left arm				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad tracks		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Gable Avenue and B & O RR Tracks	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6-8-51 10:30 a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto struck by train 25/52	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry on and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE R S Frohn		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 6-9-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-12-1951		24C. NAME OF CEMETERY OR CREMATORY Evergreen Cemy, Berlin, Md.	
24D. LOCATION (City, town, or county) Md.		25. FUNERAL DIRECTOR John O. Mitchell Sons		ADDRESS 1900 Eutaw Place	
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5152
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BETTY

DAVIS

2. DATE
OF
DEATH

June 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

Worcenter

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Berlin

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

1

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

May 13, 1946

9. AGE (in years
last birthday)

5

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sidney DAVIS

14. MOTHER'S MAIDEN NAME

Marie Giles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Sidney Giles

Berlin, Md.

18. E810.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Crushing injuries of chest and
abdomen

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Railroad track

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?Tracks
Gable Avenue and B. & O. R.R.21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

6-8-51 10:30 a.m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Auto struck by train

25-52

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry on and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

6-8-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-12-1951

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cemy.

24D. LOCATION (City, town, or county)

Berlin, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 9 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

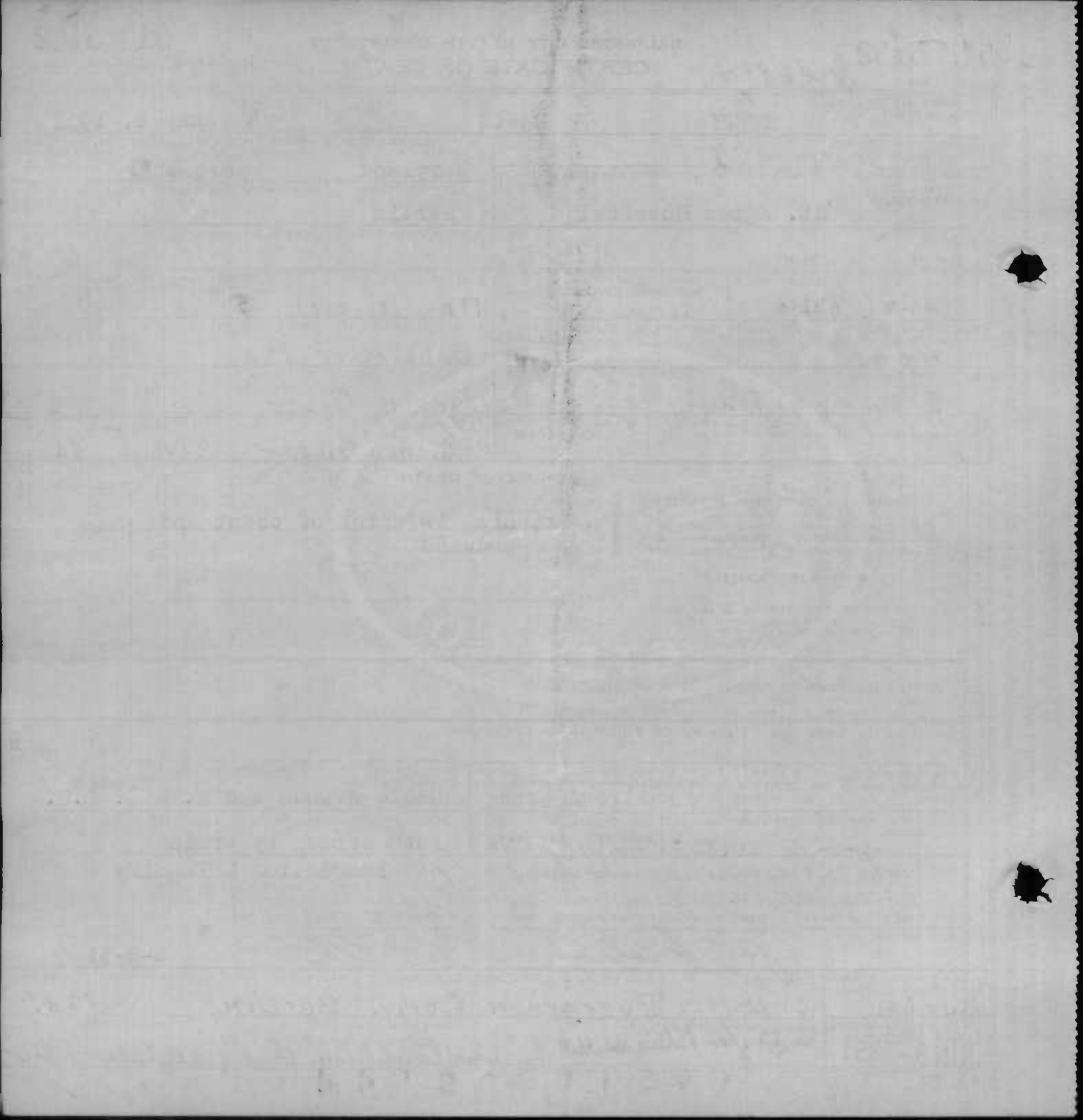
John O. Mitchell & Sons 1900 Eutaw Place

VS 151

N 862.2

1951 0005144

1700 ✓



51 5153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5153
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DOROTHY MARY NOLLIS

2. DATE
OF
DEATH

June 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MARYLAND

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 12-06

D. STREET ADDRESS (If rural, give location)

2303 Maryland Ave.

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Jan. 15, 1926

9. AGE (In years
last birthday)

25

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HAIRDRESSER

10B. KIND OF BUSINESS OR
INDUSTRY

Beauty Shop

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CONSTANTINE NOLLIS

14. MOTHER'S MAIDEN NAME

Mary Strozzyck

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
218-26-8596

17. INFORMANT

ADDRESS

Mr. C. Nollis - 2303 Maryland Ave.

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic Glomerular Nephritis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in of
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1951, to June 7, 1951, that I last saw the
deceased alive on June 7, 1951, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Marian S. Daly

23B. ADDRESS

M. D.

Lutheran Hosp. of Md.

23C. DATE SIGNED

6/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/11/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 10 1951

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Lohner & Sons

VS 150

1951 074085 145/312 Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and fully.

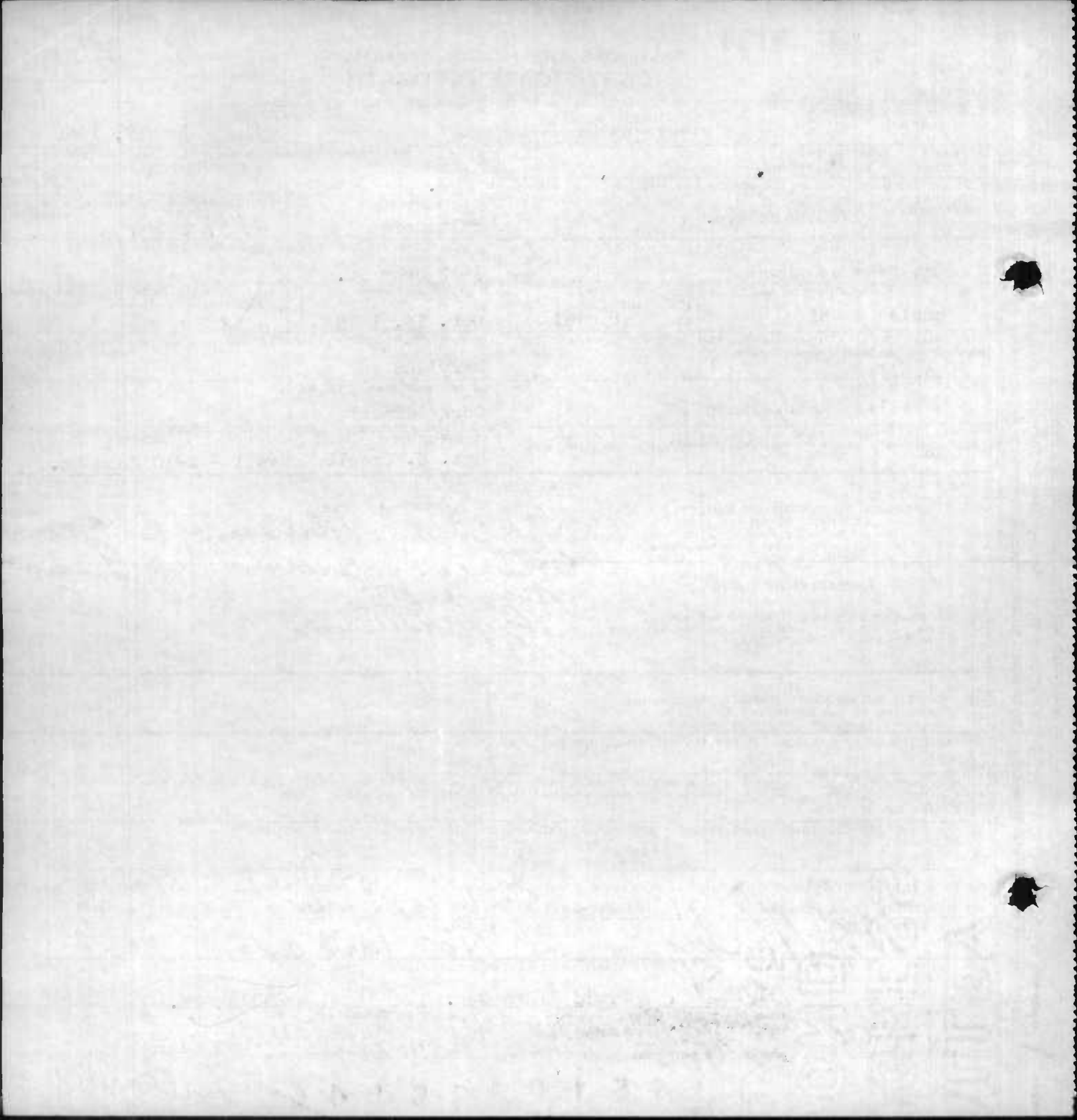
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT				51 5154	
CERTIFICATE OF DEATH				Registered No. 51 5154	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
MARY KATHARINE WALTHAM			June 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE Md.		
1700 Park Ave.			B. COUNTY		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs. Mos. Days			Baltimore 14-01		
5. SEX			8. DATE OF BIRTH		
Female			Oct. 14, 1878		
6. COLOR OR RACE			9. AGE (in years last birthday)		
White			72		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			11. BIRTHPLACE (State or foreign country)		
widowed			Maryland		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?		
Housewife					
10B. KIND OF BUSINESS OR INDUSTRY			14. MOTHER'S MAIDEN NAME		
At Home			Cora Bennett		
13. FATHER'S NAME			17. INFORMANT		
William Henry Stone			Mrs. E. Cecelia Duvall - 1610 John St.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
no					
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
18. 443X I			Cerebral Hemorrhage		
18. ANTECEDENT CAUSES			Arterio-sclerosis		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			Myocarditis		
			Hypertension		
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
0					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 1951, to June 7, 1951, that I last saw the deceased alive on June 7, 1951, and that death occurred at 10 P.M., from the causes and on the date stated above.					
23A. SIGNATURE			23B. ADDRESS		
M. H. Heady			1403 Park Ave		
M. D.			23C. DATE SIGNED		
			6-8-51		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE		
Burial			6/11/51		
24C. NAME OF CEMETERY OR CREMATORY			24D. LOCATION (City, town, or county) (State)		
Druid Ridge Cem.			Pikesville, Md.		
DATE RECEIVED BY LOCAL REGISTRAR			25. FUNERAL DIRECTOR		
JUN 10 1951			Wm. J. Pickens & Sons		
VS 150			ADDRESS		
			837 Balto, Md.		

1951000514837 Balto, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		51 5155	
1. NAME OF DECEASED (Type or Print)		Charles Boyd	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		2. DATE OF DEATH 6/6/51	
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hosp.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
C. Length of stay in Baltimore 40 Yrs.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-01	
5. SEX M		D. STREET ADDRESS (If rural, give location) 8314 West Fairmount Ave	
6. COLOR OR RACE C		E. DATE OF BIRTH Nov. 19, 1879	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		9. AGE (In years last birthday) 53	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevadore		11. BIRTHPLACE (State or foreign country) Philadelphia Pa.	
10B. KIND OF BUSINESS OR INDUSTRY Water Front		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes War # I		16. SOCIAL SECURITY NO.	
17. INFORMANT Charles Hughes		ADDRESS 870 W. Fairmount Av	
18. 468.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Postoperative Pneumonia DUE TO (B) Complication with pneumonia DUE TO (C) Complicated Septicemia		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 5/5/51 & 6/1/51		19B. MAJOR FINDINGS OF OPERATION Hypertrophy of Parotid - Lymph nodes	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-21, 1951, to 6-6, 1951, that I last saw the deceased alive on 6-6, 1951, and that death occurred at 9:55 P.M., from the causes and on the date stated above.			
23A. SIGNATURE D. P. O. [Signature]		23B. ADDRESS [Signature]	
23C. DATE SIGNED 6/2/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/9/1951	
24C. NAME OF CEMETERY OR CREMATORY Mt Arburn Cem.		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1951		REGISTRAR'S SIGNATURE [Signature]	
FUNERAL DIRECTOR [Signature]		ADDRESS [Signature]	

VS 150

1951 094055 5142

101

W. H. V. N. S. 1894

W. H. V. N. S. 1894

W. H. V. N. S. 1894

W. H. V. N. S. 1894

W. H. V. N. S. 1894

W. H. V. N. S. 1894

W. H. V. N. S. 1894

W. H. V. N. S. 1894

W. H. V. N. S. 1894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA

LOCKETT

2. DATE
OF
DEATH

June 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

INSTITUTION Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore17-02

D. STREET ADDRESS (If rural, give location)

529 W. Lafayette Avenuec. Length of stay in Baltimore 50 Yrs.Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

Sept. 19, 18819. AGE (In years
last birthday)69If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Domestic10B. KIND OF BUSINESS OR
INDUSTRYAt Home

11. BIRTHPLACE (State or foreign country)

Virginia12. CITIZEN OF
WHAT COUNTRY?U.S.A

13. FATHER'S NAME

James Gordon

14. MOTHER'S MAIDEN NAME

Ella Gordon15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NO16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Grace Brown 606 Craton Rd.18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William C. Brown23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

June 7, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

6/9/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

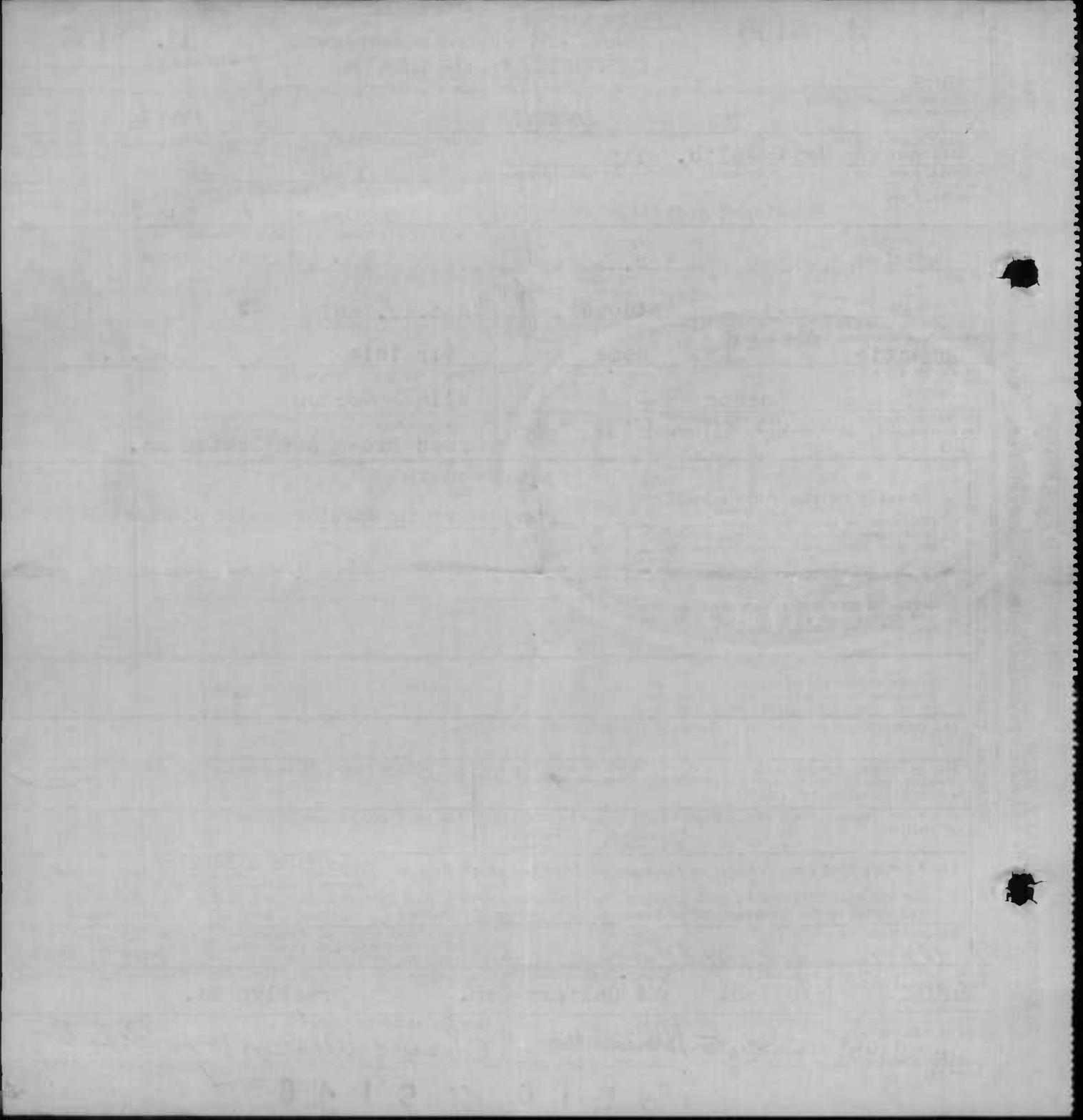
Chas. S. Wilson 1001 Brantly

ADDRESS

JUN 10 1951
VS 151

19510005140

937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carrie

Griffith Butler

2. DATE
OF
DEATH

June 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital (DOA)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6-05

D. STREET ADDRESS (If rural, give location)

1519 East Fayette Street

c. Length of stay in Baltimore 25 Yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June-4-1893

9. AGE (In years last birthday)

58

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Saint Michaels Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Gross

14. MOTHER'S MAIDEN NAME

Catherine Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Catherine Deanes 1533 E. Fayette St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardiovascular Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm H. Kammer, D. M.D.

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/9/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 10 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy Wilson 1000 Beautiful Ave

ADDRESS

VS 151

19510005140

937

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Name of Deceased		Date of Birth	
Sex		Race	
Marital Status		Place of Birth	
Usual Residence		Date of Death	
Cause of Death		Place of Death	
Physician's Signature		Physician's Name	
Hospital or Institution		City and State	
County		Tribal Name	
Registrar's Signature		Registrar's Name	
Date of Registration		Registration Number	

1911

100

AB-148856

51 5158

51 5158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Baby Girl Johnson

2. DATE
OF
DEATH

6-6-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-01

4940 Eastern Ave.

D. STREET ADDRESS (If rural, give location)

1361 N. Gilmore St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

May 28 1951

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Johnson

14. MOTHER'S MAIDEN NAME

Queen Eliz. Mack

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.18. 768.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Peritonitis

(A) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-26, 1951 to 6-6, 1951 that I last saw the
deceased alive on 6-6, 1951, and that death occurred at 11:05 AM, from the causes and on the date stated above.

23A. SIGNATURE

P. S. Argen

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

6-7-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/9/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 10 1951

REGISTRAR'S SIGNATURE

R. S. Argen

25. FUNERAL DIRECTOR

Elroy O. Wilson 1000 Beatty ave

ADDRESS

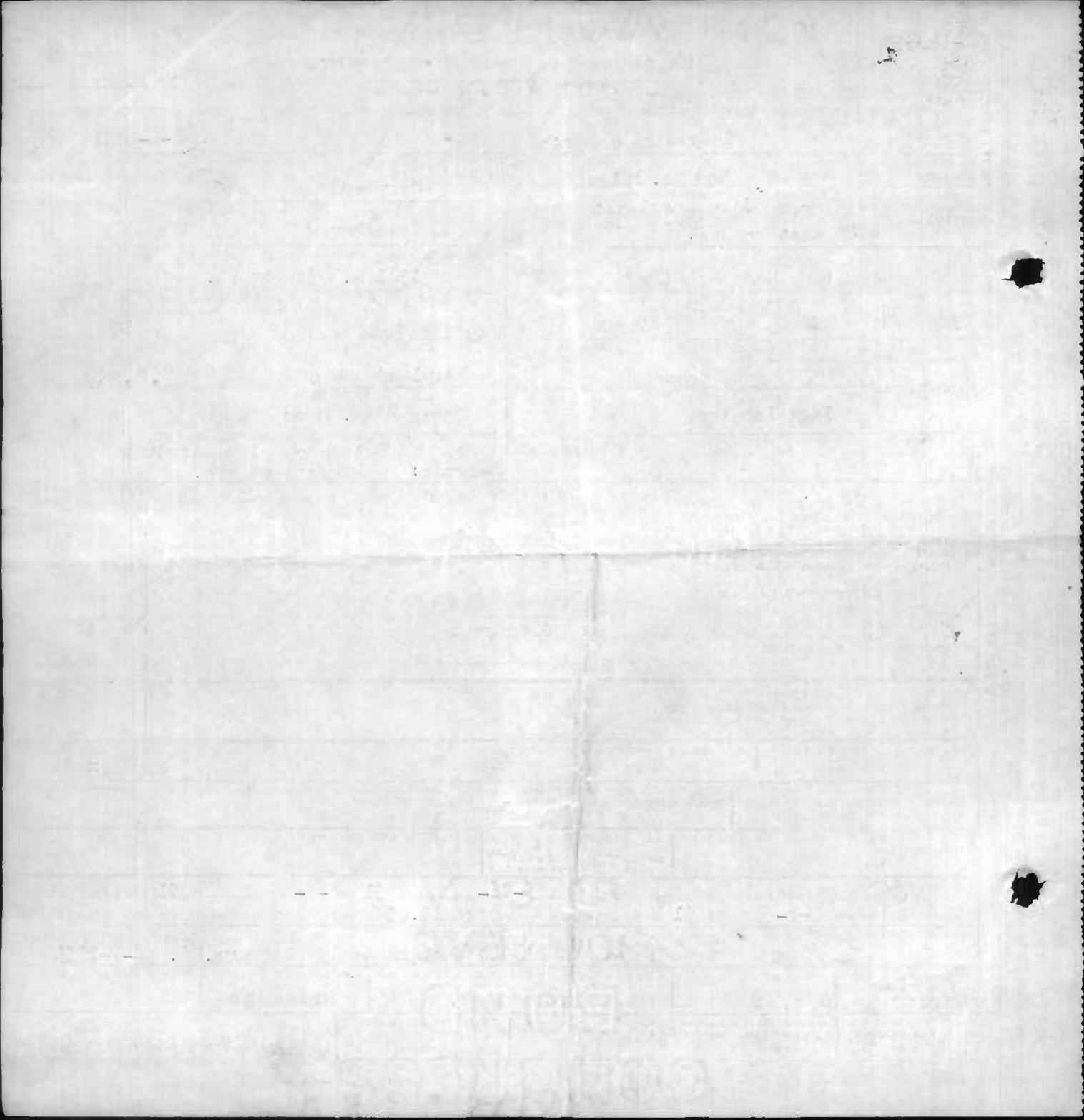
VS 150

19510205150

161B

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



Medical Examination Case

530

51 5159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5159

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Smith, Howard Henry

2. DATE
OF
DEATH

June 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Belts, City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Johns Hopkins Hospital (D.O.R.)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore city

D. STREET ADDRESS (If rural, give location)

24 South Duncan

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/3/31

9. AGE (In years,
last birthday)

20

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

BATHUBS (M)

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Brown, Gilbert

14. MOTHER'S MAIDEN NAME

Smith, Clara

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

Yes

Nov 43

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

J.H. Hospital Records

18. 178X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Metastatic Tumor abdomen pelvis

known

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Rhabdomyosarcoma right testes

1 year

CERTIFICATION APPROVED BY

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Stanley H. Bennett
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

5/1/50

19B. MAJOR FINDINGS OF OPERATION

Tumor right testes

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on 6/6, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Jack M. Burnett

M. D.

23B. ADDRESS

Johns Hopkins Hospital

23C. DATE SIGNED

6/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/8/1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 10 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Erroy V. Wilson, 1000 Brantly Ave

ADDRESS

VS 150

7-951-092A3D 1 9 1

51c

James M. Smith, Jr. 1872-1873

1872-1873

James M. Smith, Jr. 1872-1873

James M. Smith, Jr. 1872-1873

James M. Smith, Jr. 1872-1873

James M. Smith, Jr. 1872-1873

James M. Smith, Jr. 1872-1873

James M. Smith, Jr. 1872-1873

James M. Smith, Jr. 1872-1873

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				51 5160 Registered No.	
BIRTH NO. 230 51 5160					
1. NAME OF DECEASED (Type or Print) <i>George W. Geist Jr.</i>			2. DATE OF DEATH <i>6/9/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-03</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>937 LEMMONS ST.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 4, 1907</i>	9. AGE (in years last birthday) <i>43</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>machinist</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Radio & Radio</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>George W. Geist Sr.</i>			12. CITIZEN OF WHAT COUNTRY? <i>American</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Jane Rowe</i>		
16. SOCIAL SECURITY NO. <i>705-10-8577</i>			17. INFORMANT ADDRESS <i>Mr. Homer E. Geist Balt.</i>		
18. <i>560.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Heart failure</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Operative Repair for Diaphragmatic Hernia</i>					
19A. DATE OF OPERATION <i>6-7-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Diaphragmatic Hernia</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-29</i> , 19 <i>51</i> , to <i>6/9</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/9</i> , 19 <i>51</i> , and that death occurred at <i>9:25</i> A. M., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. J. O. Horn</i> M. D.		23B. ADDRESS <i>Univ. Hosp</i>		23C. DATE SIGNED <i>6/9/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/14/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Rose Hill</i>	
24D. LOCATION (City, town, or county) (State) <i>Hagerstown Wash. Md.</i>		25. FUNERAL DIRECTOR <i>C. M. Luter and Son</i>		ADDRESS <i>Hagerstown</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 10 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams, M.D.</i>			

Oct 11/1911

Dear Sir,

I have the pleasure to

acknowledge the receipt of

your letter of the 10th inst.

and in reply to inform you that

Yours faithfully,

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

Yours faithfully,

W. H. H. H.

W. H. H. H.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

CERTIFICATE CORRECTED 7-6-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL C. BROWN

2. DATE
OF
DEATH

June 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Hyattsville

D. STREET ADDRESS (If rural, give location)

6507 Queens Chapel Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 14 - 1892

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Doctor

10B. KIND OF BUSINESS OR
INDUSTRY

Medicine

11. BIRTHPLACE (State or foreign country)

Michigan

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

William Garach Hyattsville Md

18. E 816.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Multiple fractures of face,
DUE TO bones and left leg.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
Highway21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
Dulaney Valley Rd
Jarretville Pike - 1/4 mi. north of21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 6-8-51 8:50a.m.21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK ☐ AT WORK ☒21F. HOW DID INJURY OCCUR?
5300
Auto and tractor trailer collision22. I certify that I took charge of the remains described above, held an Inspection & Inquiry Autopsy, Inspection or Inquiry and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
6-8-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

June 10/51

Hyattsville

Hyattsville, Md.

DATE RECEIVED BY
LOCAL HEALTH DEPT.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 10 1951

Huntington Williams, M.D.

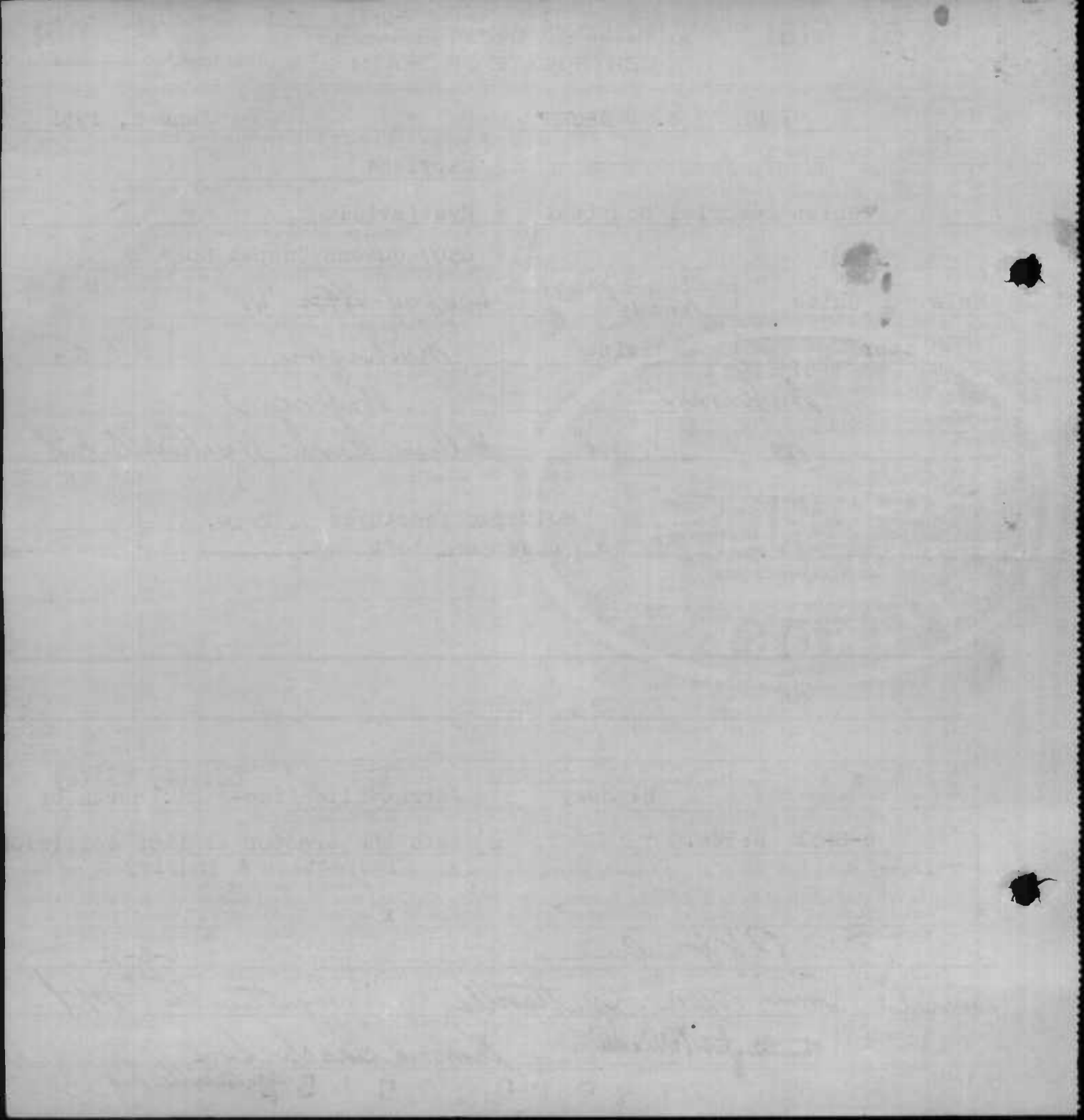
Francis Garach Sons

VS 151

N 804.0

T 9 5 0 7 5 8 3 0 5 1

Hyattsville Md 170C



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Jesse Butler*2. DATE
OF
DEATH*June 9/51*

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION*720 N. Spring St*

c. CITY OR TOWN

If outside corporate limits, write RURAL and give township)

Baltimore 10-02

d. STREET ADDRESS (If rural, give location)

720 N. Spring St

c. Length of stay in Baltimore

*25 yrs.*Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Laborer*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Va.*12. CITIZEN OF
WHAT COUNTRY?*U. S. A.*

13. FATHER'S NAME

Henry Butler

14. MOTHER'S MAIDEN NAME

*Missouri Jones*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.*216-10-2986*

17. INFORMANT

ADDRESS

*Margie Butler - 720 Spring St*18. *416 X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Heart Failure

ANTECEDENT CAUSES

(B)

DUE TO

*Rheumatic Heart Disease*DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from *April 8, 1949* to *June 9, 1951*, that I last saw the
deceased alive on *May 17, 1951*, and that death occurred at *10 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

J. B. Adams

23B. ADDRESS

1222 N. Caroline

23C. DATE SIGNED

*6-9-51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

6/13/51

24C. NAME OF CEMETERY OR CREMATORY

Chapel Grove

24D. LOCATION (City, town, or county)

*Isle of Wight Va.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

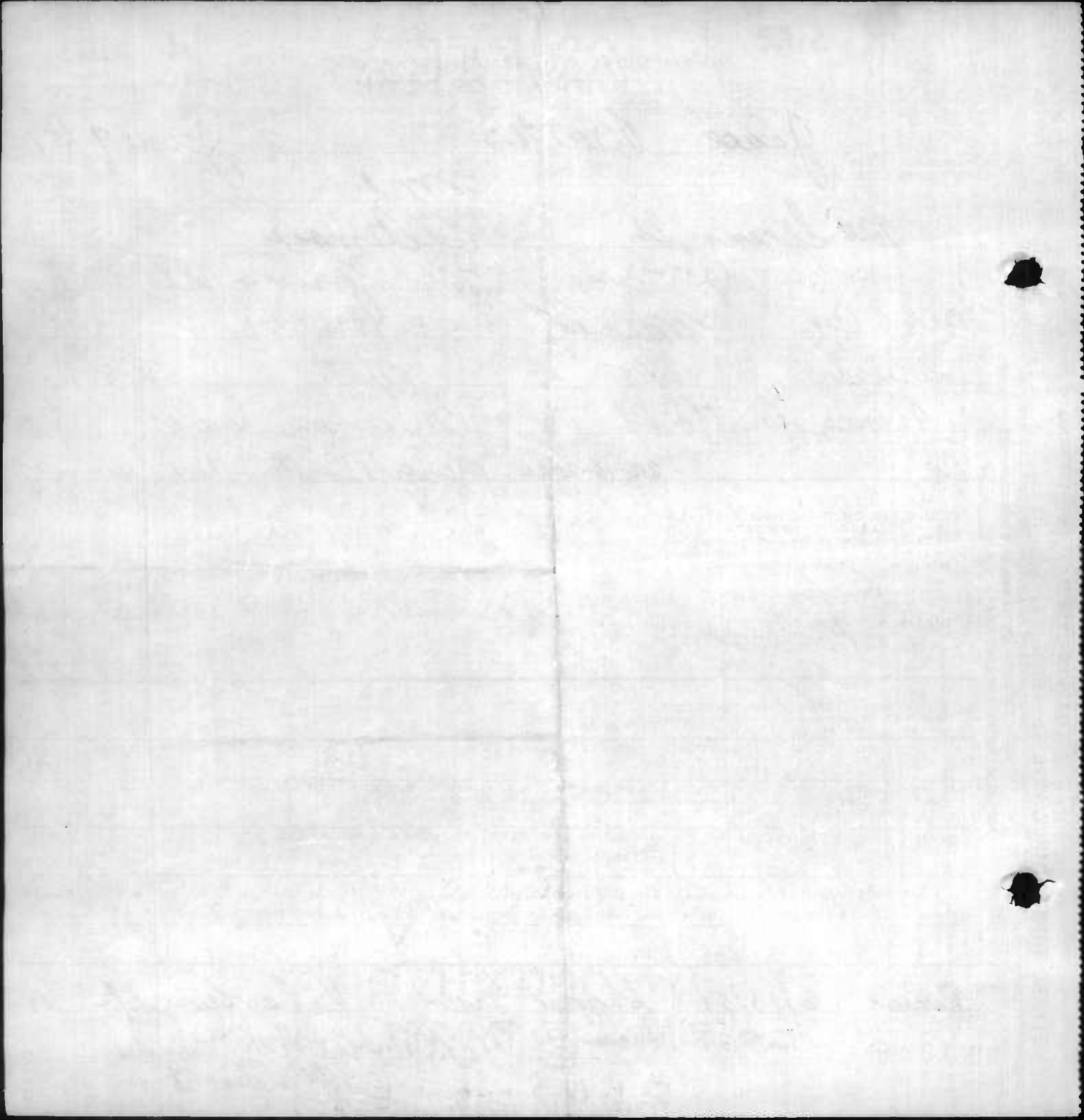
ADDRESS

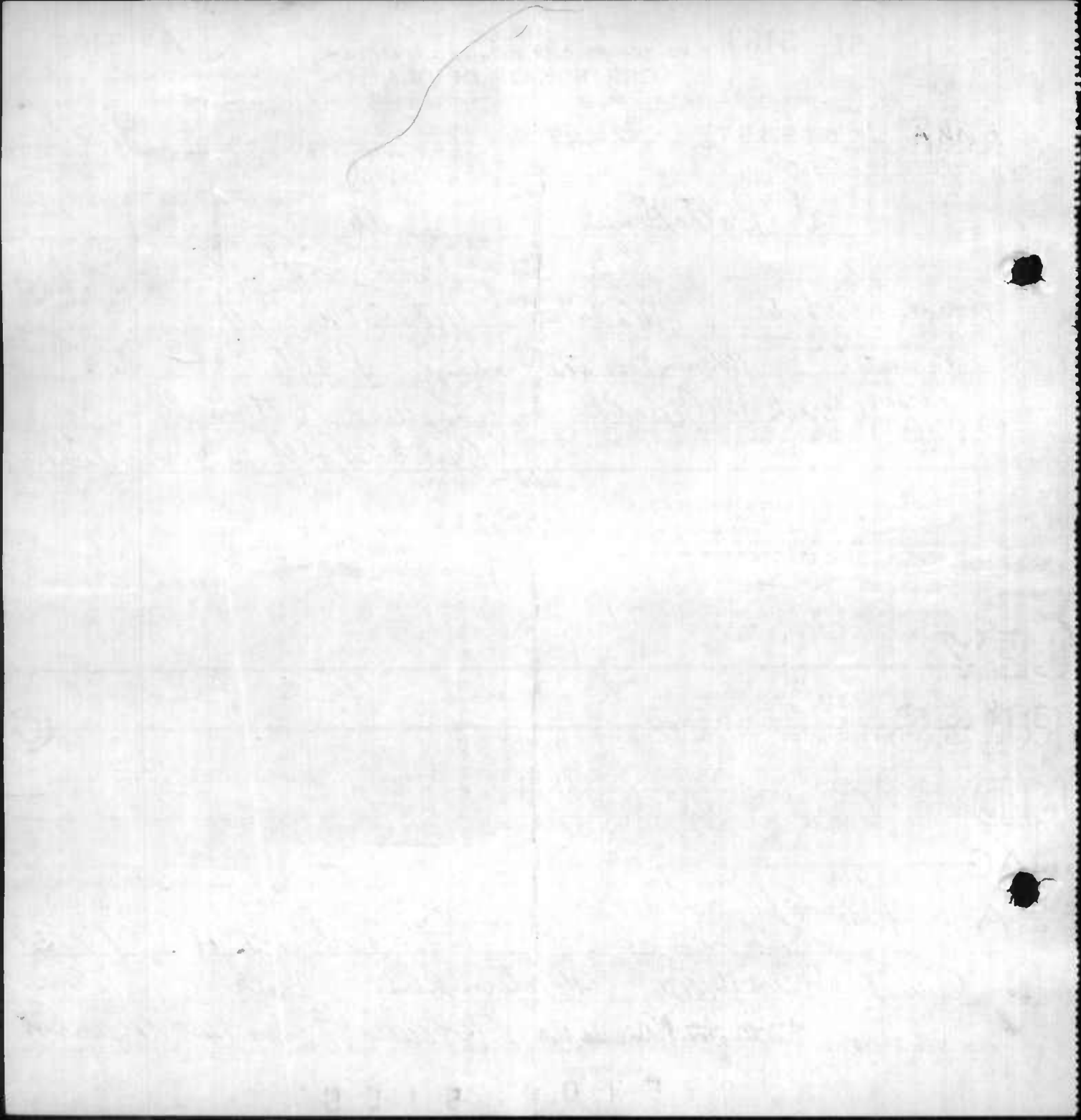
Mrs. Robert A. Elliott & Daughter

JUN 10 1951

VS 150

1951 00980891 54 1129 P Caroline St 9512





51 5164

51 5164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN YOUNG

2. DATE
OF
DEATH

6/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

MARYLAND.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 13-06

D. STREET ADDRESS (If rural, give location)

1114 W 36th ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

?

8. DATE OF BIRTH

UNKNOWN

9. AGE (In years
last birthday)

About 60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

PAINTER

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-09-8274

17. INFORMANT

ADDRESS

FRANK CANAPP - 1114 W 36th ST.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/14/50

19B. MAJOR FINDINGS OF OPERATION

Ca of stomach & local extension

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1951, to 6/9, 1951, that I last saw the
deceased alive on 6/8, 1951, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Howard H. Pate

M. O.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

6/9/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

JUN 10 1951

Tunington Williams, M.D.

Eustace E. Donovan - 3818 Roland

VS 150

564 240 0 5150

46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

2100

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51 5165

51 5165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Elmer S. Earley, Sr.*2. DATE
OF
DEATH*June 8, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3016 Roselawn Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto**27-05*

D. STREET ADDRESS (If rural, give location)

3016 Roselawn Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*Sept 25, 1892*9. AGE (In years
last birthday)*58*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10. OCCUPATION (Give kind of
work, including most of working life, even if retired)*Wireman (Retd)*10a. KIND OF BUSINESS OR
INDUSTRY*Gas & Elec Co.*

11. BIRTHPLACE (State or foreign country)

*Balto.*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Samuel Earley

14. MOTHER'S MAIDEN NAME

*Rachael A. Schaeffer*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*Yes*

(If yes, give war or dates of service)

*W.W.I*16. SOCIAL
SECURITY NO.*212-05-3982*

17. INFORMANT

Mrs. Elizabeth Earley

ADDRESS

*3016 Roselawn Ave*18. *420.1*DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*3 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.*(B) Arterio sclerotic Cardio-
Vascular Disease with
Hypertension*

DUE TO

*11-Nov
1946*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-November, 1946* to *8-June, 1951*; that I last saw the
deceased alive on *8-June, 1951*, and that death occurred at *9:30 a.m.*, from the causes and on the date stated above.

23. SIGNATURE

Charles W. Edwards

M. D.

23B. ADDRESS

2746 The Alameda

23C. DATE SIGNED

*8-June-51*24A. BURIAL, CREMA-
TION REMOVAL (Specify)*Burial*

24B. DATE

6/11/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Taylor Ave

(State)

*Md*DATE RECEIVED BY
LOCAL REGISTRAR*JUN 10 1951*

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

Melwood J. Blight

ADDRESS

6009 Harford Rd

VS 150

545 SE 5 7

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Dr. Chas Edmunds.
2746 Alameda. —

51 5166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5166
Registered No.

BIRTH NO.			2. DATE OF DEATH		
1. NAME OF DECEASED (Type or Print)			Unidentified White Male		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE		
B. FULL NAME OF HOSPITAL OR INSTITUTION			B. COUNTY		
C. Length of stay in Baltimore			C. CITY OR TOWN		
5. SEX			D. STREET ADDRESS (If rural, give location)		
6. COLOR OR RACE			8. DATE OF BIRTH		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			9. AGE (In years last birthday)		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. E802X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Crushing injury of chest			
(B) DUE TO		Fracture of skull			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

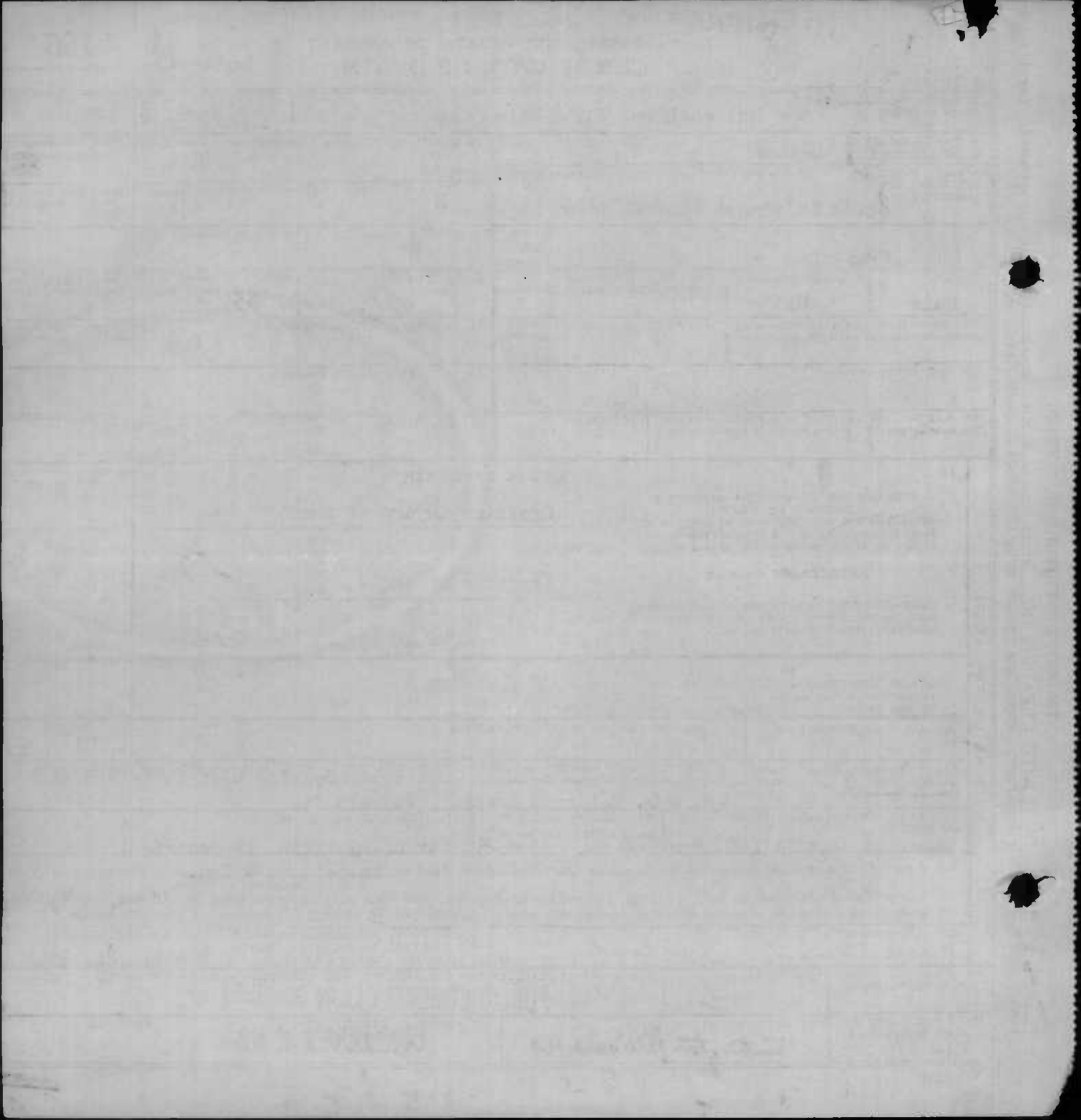
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
April 8, 1951 11:56 P M.		B. & O. Railroad Tracks		Struck by train (Pedestrian)	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER.....		23C. DATE SIGNED	
Stanley S. Smoloch		M.D. ASSISTANT MEDICAL EXAMINER.....		April 24, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				PUBLIC CEMETERY JUN 6 1951	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
JUN 10 1951		L. H. Williams, M.D.		Commissioner of Health	
ADDRESS		ADDRESS		ADDRESS	

VS 151

N803.2

2510005150

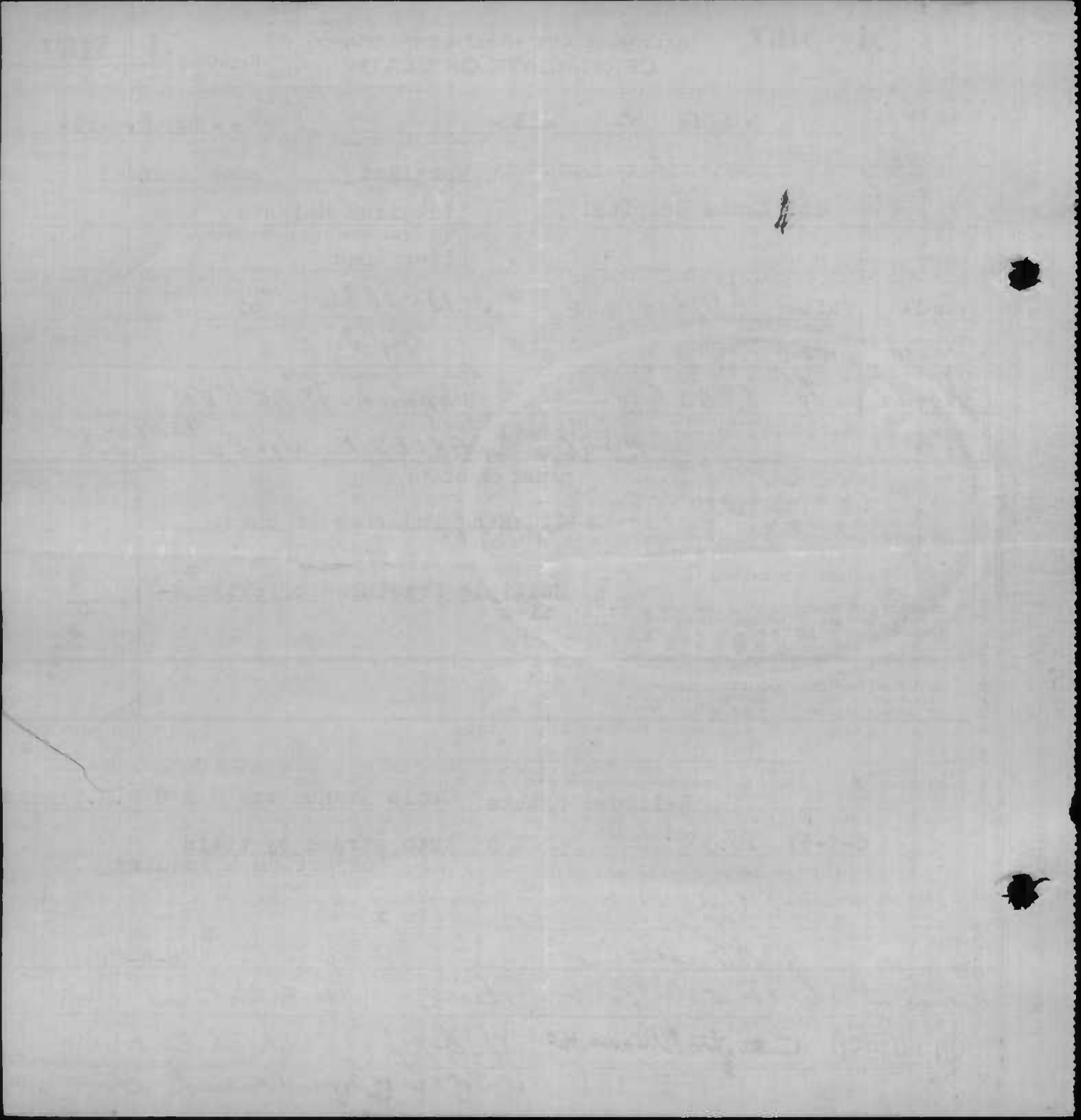
169 ✓



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5167

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WINNIE J. GILES		June 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE B. COUNTY			
St. Agnes Hospital		Maryland Anne Arundel			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos. Days		Linthicum Heights			
		D. STREET ADDRESS (If rural, give location)			
		River Road 5200			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
Female	White	MARRIED	3-15-1886	65	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE			Md		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
CHARLES N. Bush		JOHANNA MACKEN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT	
NO		NONE		CHARLES E. GILES LINTHICUM MD	
18. E 810.4		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Crushing injuries of chest			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Multiple fractures of extremities			
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		Railroad tracks		Gable Avenue and B & O R.R. Tracks	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
6-8-51 10:30 a.m.				Auto struck by train	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED	
B. B. Fisher				6-8-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6-11-51		Mt Olive	
				Randallstown Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
JUN 10 1951		L. H. Williams, Jr.		Hoff C. W. Walters, 1700	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 5168 315 H.R.		51 5168 X	
BIRTH NO.		2. DATE OF DEATH JUN 9 - 1951	
1. NAME OF DECEASED (Type or Print) Chester Ottaviani A-83575		2. DATE OF DEATH JUN 9 - 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Pa. B. COUNTY V-35	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ellwood City	
c. Length of stay in Baltimore 4 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 505 Hazel Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 1-15-47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 4	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Laurence Pa.	
13. FATHER'S NAME Anthony Ottaviani		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT THE JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) NEURO BLASTOMA DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-3-1951, to 6-9-1951, that I last saw the deceased alive on 6-9-1951, and that death occurred at 12:30 m., from the causes and on the date stated above.			
23A. SIGNATURE C. J. Kasle		23B. ADDRESS THE JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED 6-9-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE June 10 1951	
24C. NAME OF CEMETERY OR CREMATORY Locust Grove		24D. LOCATION (City, town, or county) (State) Beaver Ellwood City Pa.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1951		25. FUNERAL DIRECTOR H. J. Jenkins (Son) 4905 York Rd	
VS 150		54B	

51 5169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5169

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN H. FREEMAN

2. DATE
OF
DEATH

June 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. CityB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

212 East Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 22, 1896

9. AGE (in years

last birthday)

54

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Apt. House

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Watkins I46 N. Caroline St

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Arteriosclerotic Cardiovascular
~~Heart~~ Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William S. Smith

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

6-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/II/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

6/10/51

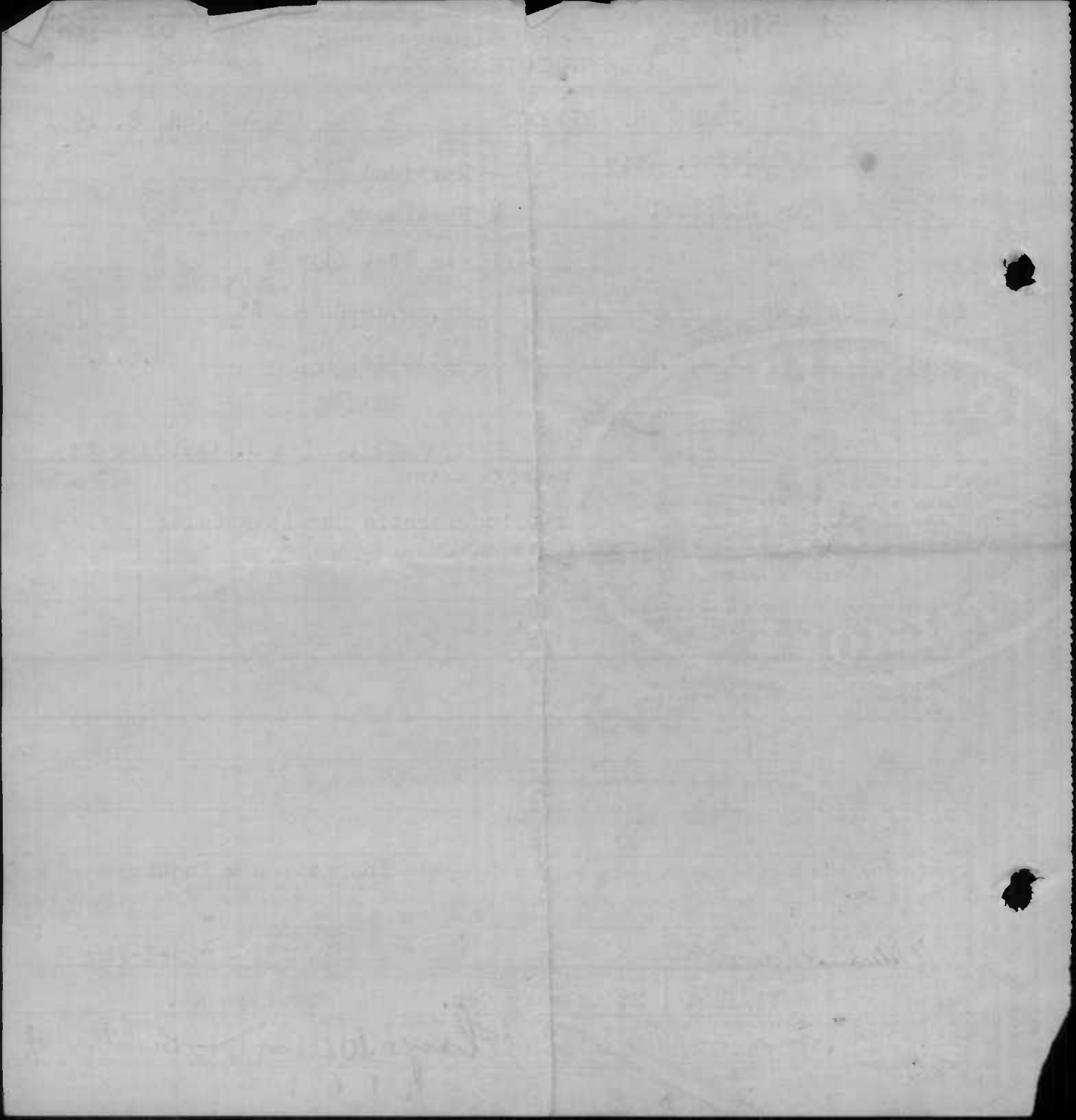
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy O. Wilson 1000 Beatty Ave

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5170

51 5170

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James H. Woodson

2. DATE
OF
DEATH June-8-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

I420 Argyle Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

I420 Argyle Avenue

C. Length of stay in Baltimore

33 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April-21-1902

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Steel Plant Sparrow Point

11. BIRTHPLACE (State or foreign country)

Prince Edwards Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lenard Woodson

14. MOTHER'S MAIDEN NAME

Mary Booker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mollie Woodson Turrell I420 Argyle Av

18. 490 x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Three days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☐ NO ☐

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., at or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1951, 1951, that I last saw the
deceased alive on June 7, 1951, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/II/I951

24C. NAME OF CEMETERY OR CREMATORY

Sulphur Spring Cem.

24D. LOCATION (City, town, or county)

Prospect Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

VS 150

Elroy O. Wilson 1000 Brantly ave

Certificate Approved by State Medical Examiner 1951

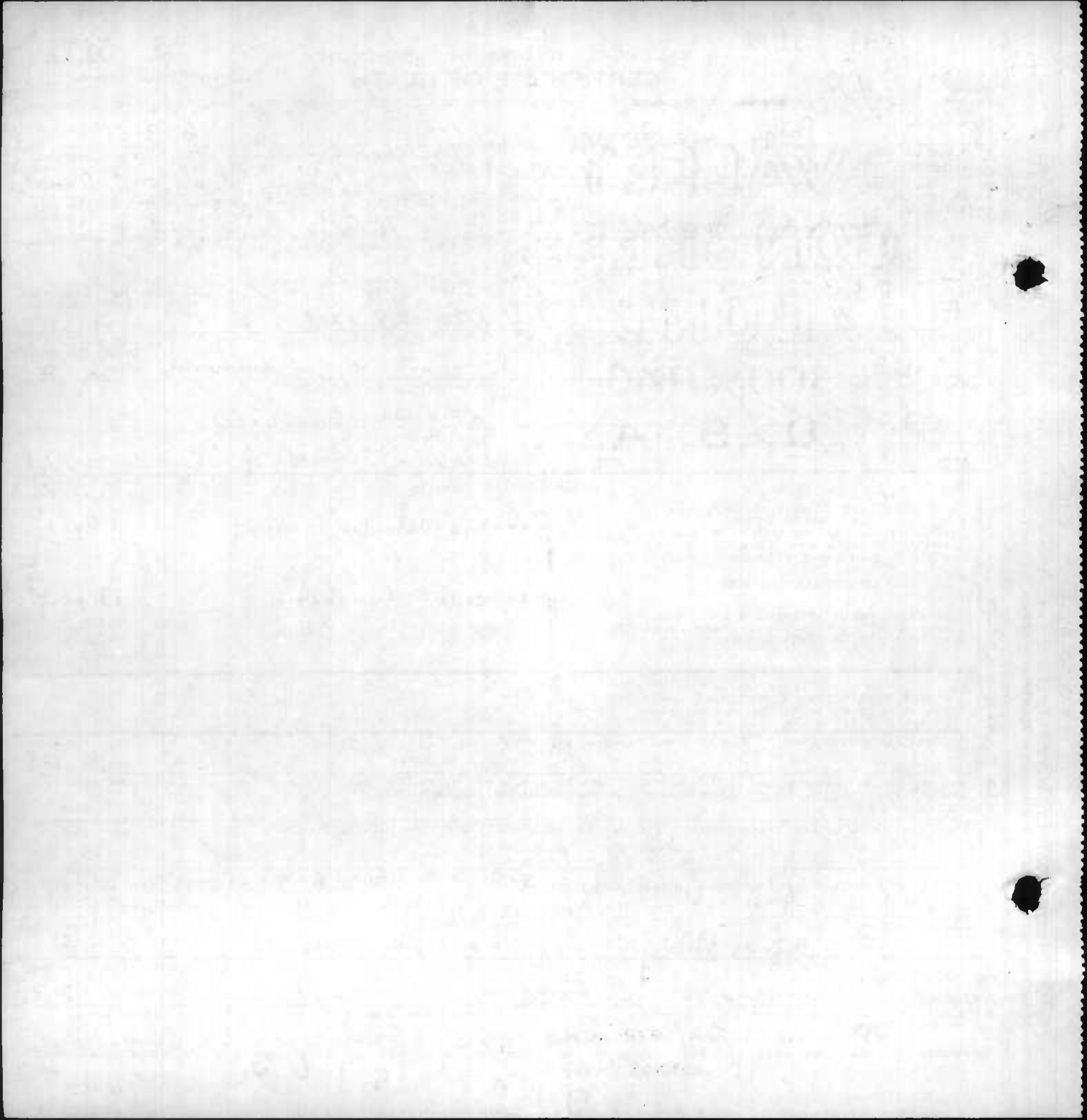
The first of these is the
 fact that the
 second of these is the
 fact that the

[Faint handwritten notes at the bottom of the page, possibly bleed-through from the reverse side.]

*Respectfully,
Yours truly,*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 5171		BALTIMORE CITY HEALTH DEPARTMENT		51 5171	
-163		N.R.		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Peggy Lee Gifford		6-9-51	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, in institution: residence)			
a. Baltimore City, Maryland		A. STATE			
b. FULL NAME OF (If not in hospital or institution, give street address or location)		B. COUNTY			
38 University Hospital		Rising Sun, Md. Rural			
c. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
31 days		Rising Sun, Md. Rural			
5. SEX		6. COLOR OR RACE		D. STREET ADDRESS (If rural, give location)	
F		W		5700	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (in years last birthday)	
S		May 24 1948		3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Child		no		Tulsa Oklahoma	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
U.S.A.		Lloyd Gifford		Grace Hedrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
NO				Lloyd Gifford	
18. 204.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CAUSE OF DEATH			
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebro-vascular accident			
DUE TO					
18. ANTECEDENT CAUSES		(B) Leukemia - lymphatic			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 5-9, 1951, to 6-9-51, 19, that I last saw the deceased alive on 6-9-51, 19, and that death occurred at 5:30 P.M., from the causes and on the date stated above.					
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED	
Robert W. Holey		University Hospital		6-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Burial		June 12, 1951		Ebenzer	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR		24f. ADDRESS	
Near Rising Sun, Md.		J.C. Tyson		Rising Sun, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
JUN 10 1951		Wm. H. Williams, Jr.		J.C. Tyson	



51 5172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5172

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary E. Gallagher

2. DATE
OF
DEATH

June 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

16-08

D. STREET ADDRESS (If rural, give location)

3924 Cranston Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 10, 1882

9. AGE (in years
last birthday)

68

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Bowers

14. MOTHER'S MAIDEN NAME

-----Kittner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John T. J. Gallagher, 3924 Cranston Ave.

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Coronary Occlusion

DUE TO

(B)

Cardio-Vascular Disease

DUE TO

(C)

C. Hypertension

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

10 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

13 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1950 to June 8, 1951, that I last saw the deceased alive on June 8, 1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward W. Johnson

23B. ADDRESS

3432 Indus Ave

23C. DATE SIGNED

6/8/51

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 12/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral 14300 Old Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 10 1951

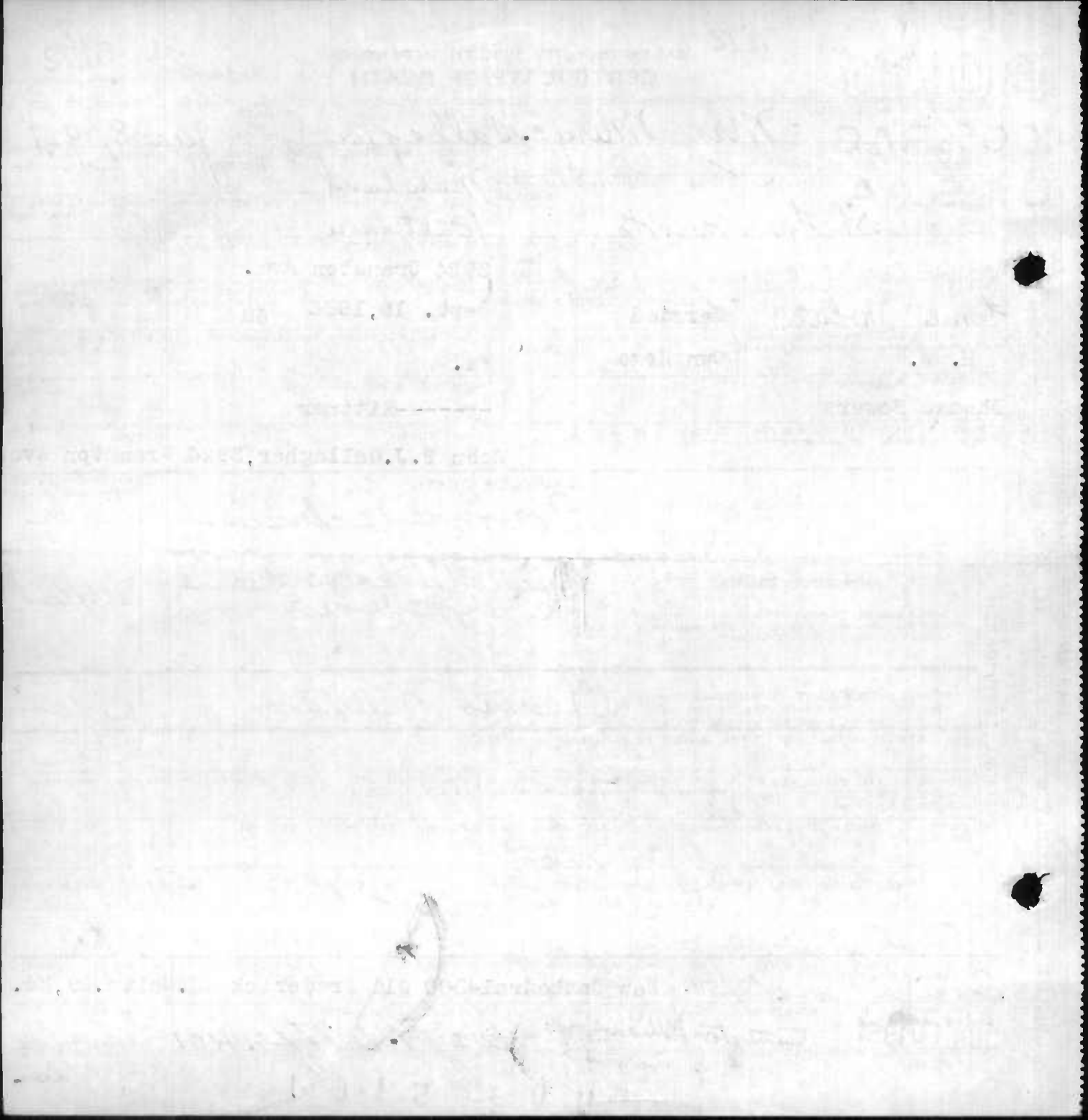
REGISTRAR'S SIGNATURE

T. J. Williams, M.D.

25. FUNERAL DIRECTOR

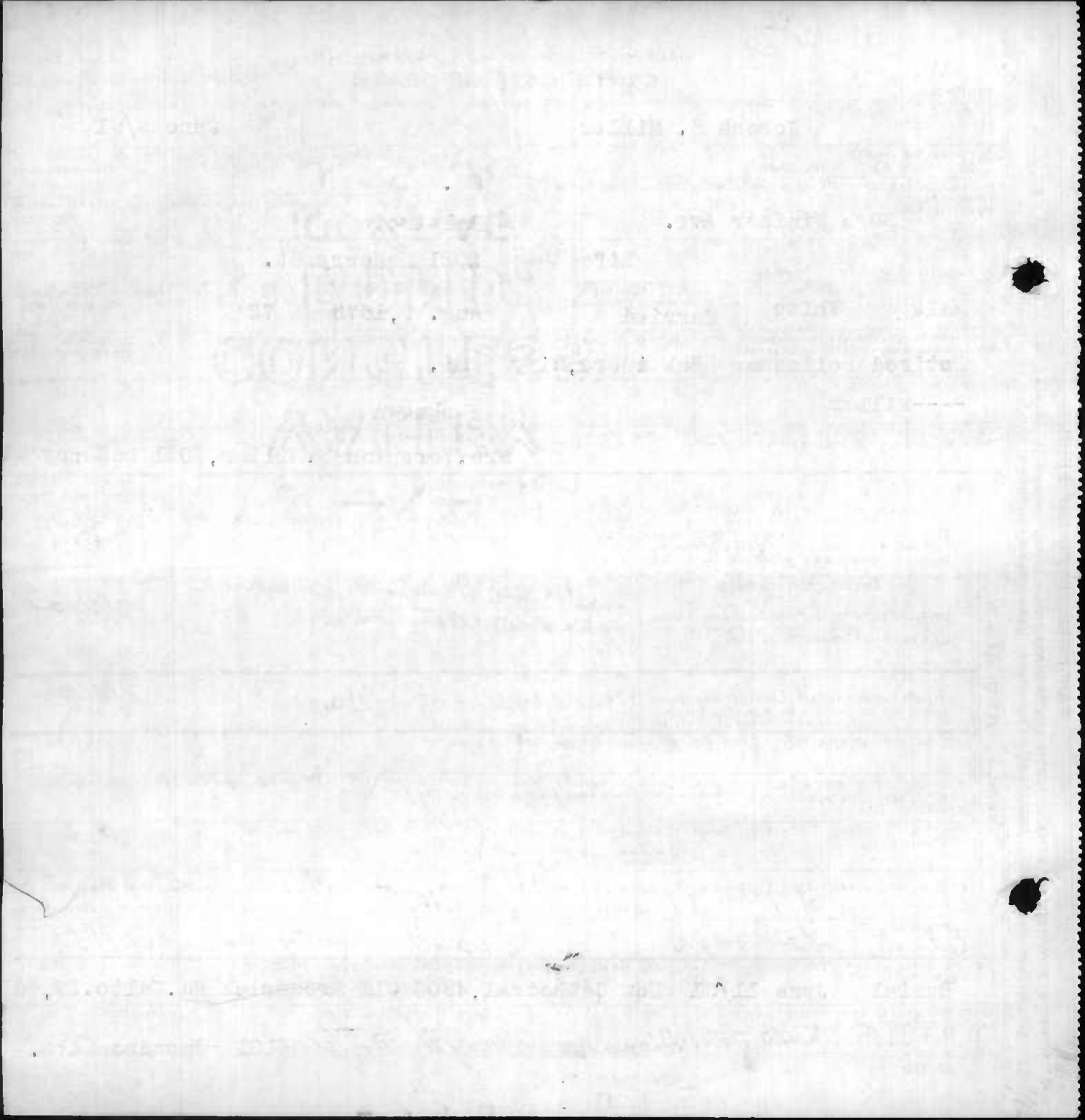
Harry H. Witzke, 4101 Edmonson

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				51 5173 Registered No.	
BIRTH NO. 460.				51 5173	
1. NAME OF DECEASED (Type or Print) Joseph S. Miller				2. DATE OF DEATH June 9/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3025 Windsor Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-03	
C. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 2021 McHenry St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9, 1878	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman Baltimore, City			11. BIRTHPLACE (State or foreign country) MD.		
13. FATHER'S NAME ---Miller			12. CITIZEN OF WHAT COUNTRY?		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Veronica S. Miller, 2021 McHenry St		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Cardio Vascular, Arteriosclerosis & Decompensation DUE TO Arteriosclerosis of Aorta				INTERVAL BETWEEN ONSET AND DEATH 1 day 2 years 2 years	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis of Aorta				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/12 , 19 51 , to 6/7 , 19 51 , that I last saw the deceased alive on 6/7 , 19 51 , and that death occurred at 9:15 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Edw. W. Johnson		23B. ADDRESS 3432 Frederick Ave		23C. DATE SIGNED 6/9/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 11/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral, 4300 Old Frederick Rd., Balto. 29, Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.		25. FUNERAL DIRECTOR Harry H. Nitzke ADDRESS 4101 Edmondson Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John E. Auer

2. DATE
OF
DEATH

June 8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION 1801 W. Baltimore St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

19-04

D. STREET ADDRESS (If rural, give location)

1801 W. Baltimore St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 9, 1887

9. AGE (In years birthday)

63

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dentist

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Theodore Auer

14. MOTHER'S MAIDEN NAME

Sarah Wells

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. John E. Auer, 1801 W. Baltimore St

18. 181X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma Bladder

QUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

QUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 1950 to June 1951, that I last saw the deceased alive on June 7, 1951, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

1945 W Balto St

6/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 11/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral, 4300 Old Frederick Rd. Balto. 29, Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 10 1951

Livingston Williams, M.D. Harry A. Nuttall

4101 Edmondson Ave.

VS 150

12510 1328966

52B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

John A. ...

1911 ...

also

limited

...

...

...

...

...

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...

...

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...

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...

...

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5175

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM EDWARD CAVEY

2. DATE
OF
DEATH

June 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4406 Manordene Road

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Cavey

14. MOTHER'S MAIDEN NAME

Sarah Jane

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E903.7 and 196 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Subdural hemorrhage

ANTECEDENT CAUSES

(B) Contusion of brain

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Carcinoma of prostate with bone metastases
Pathological fracture of right humerus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
St. Agnes Hospital, Wilkins Avenue21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
June 7, 195121E. INJURY OCCURRED
WHILE AT ☐ WORK ☒ NOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

Slipped and fell to floor

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Edward Cavey

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 7, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 11/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Catherine M. Williams, M.D.

25. FUNERAL DIRECTOR

Harry A. Ditzler

ADDRESS

4101 Edmondson Av

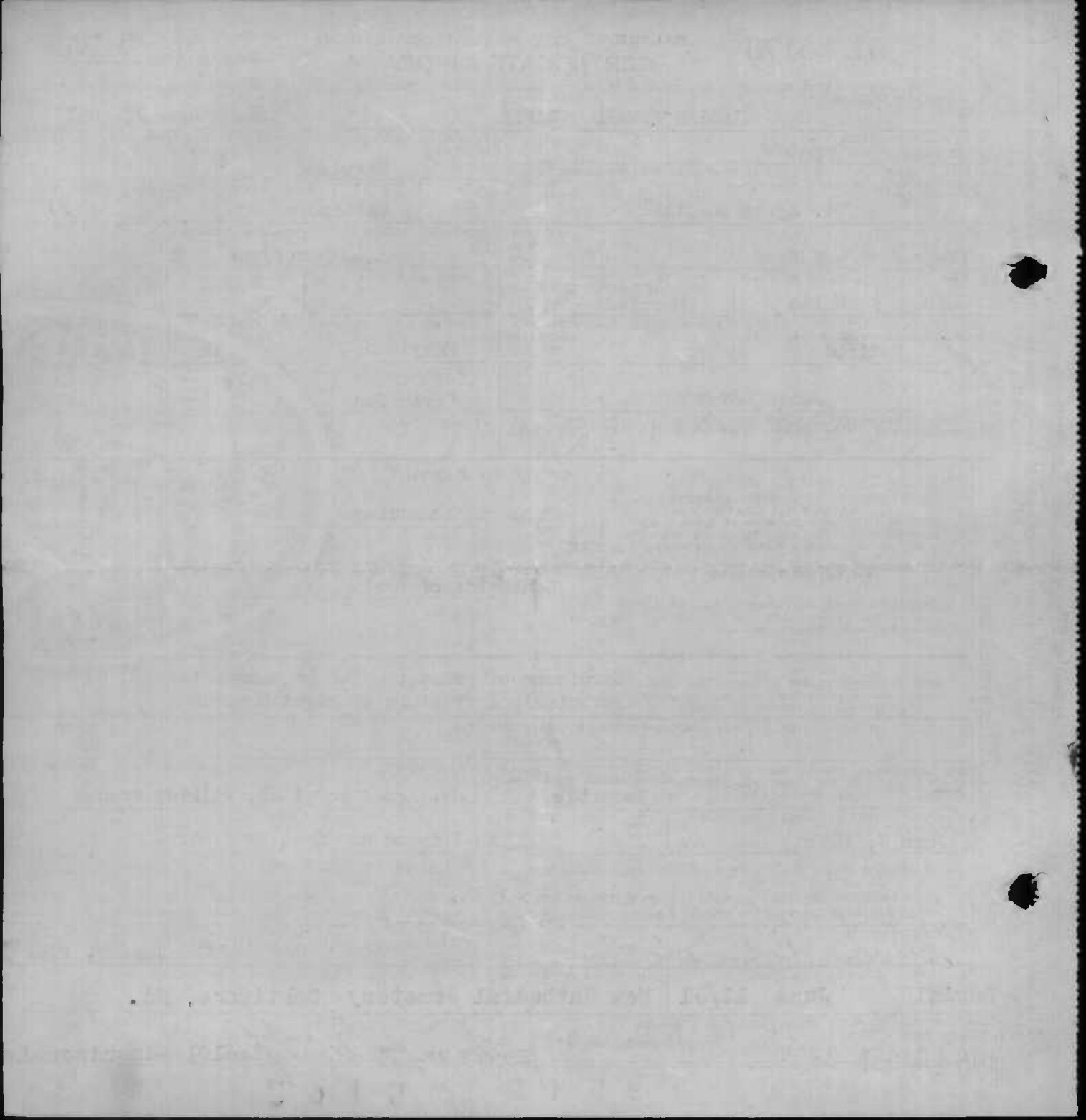
JUN 10 1951

VS 151

N853.2

19510005167

186a ✓



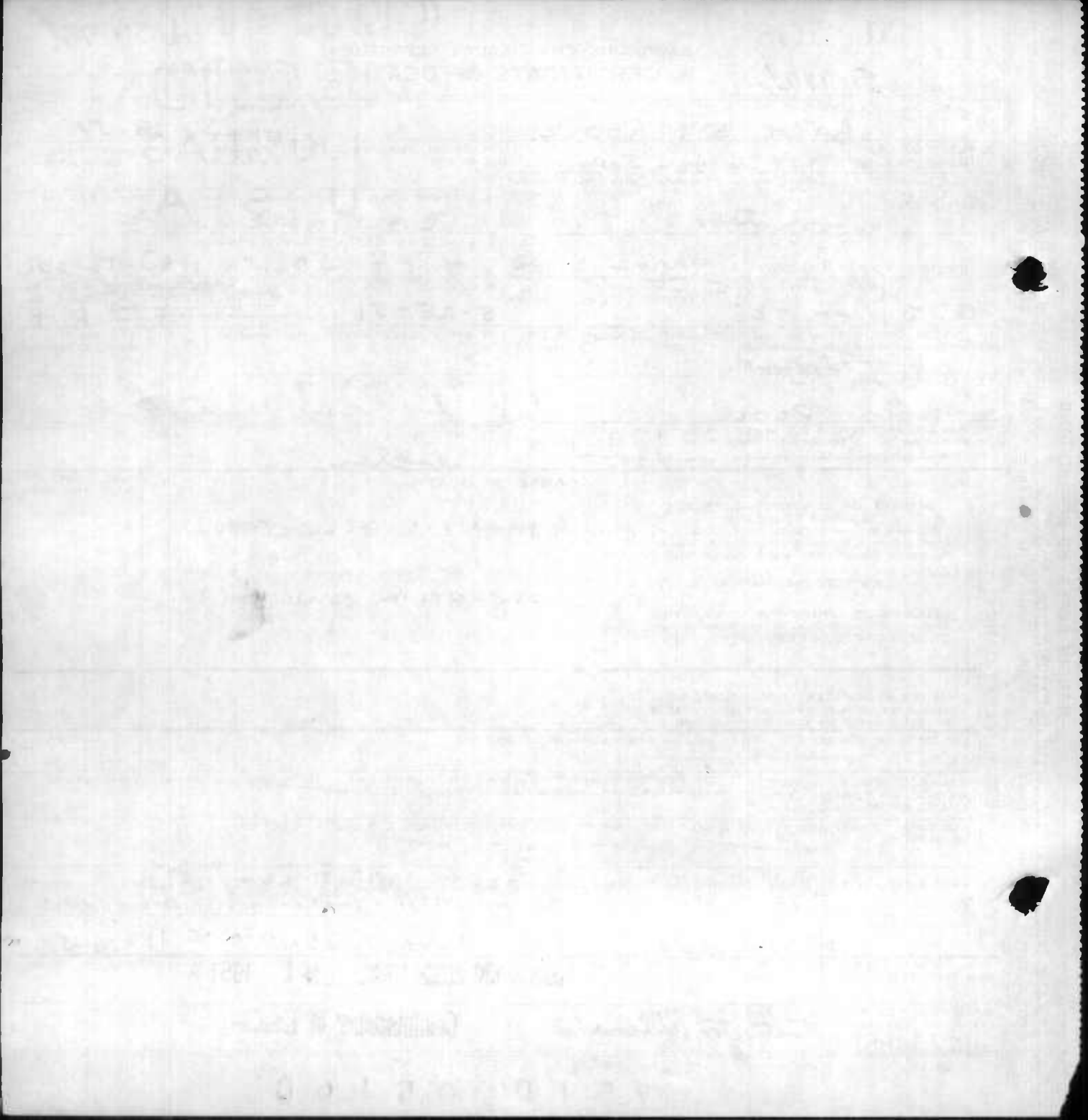
400 51 5176
51-11826BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5176
Registered No.

BIRTH NO. 51-11826		1. NAME OF DECEASED (Type or Print) BABY BOY POOLE		2. DATE OF DEATH 5-26-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland U. Hospitals		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION U. Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 28-41			
C. Length of stay in Baltimore 8 yrs -		D. STREET ADDRESS (If rural, give location) 4708 LIBERTY HEIGHTS AVE.			
5. SEX BOY	6. COLOR OR RACE WHITE	7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 5-25-51	9. AGE (last birthday) Months: Days Hours: Min. 2 8 +
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME Leslie POOLE		14. MOTHER'S MAIDEN NAME Helen Mitchell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Father ADDRESS	

18. 763.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ? massive ATLECTASIS		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 1. aspiration pneumonia.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-25-1951, to 5-26-1951, that I last saw the deceased alive on 5-26-1951, and that death occurred at 4:25 A.M., from the causes and on the date stated above.					

23A. SIGNATURE D. J. [Signature]		23B. ADDRESS U. Hospitals		23C. DATE SIGNED 5-26-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S ADDRESS Commissioner of Health	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5177

BIRTH NO.

51-11639

1. NAME OF DECEASED
(Type or Print)

BABY BOY MALONE

2. DATE
OF
DEATH

5-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY - before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

U. Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 20-01

D. STREET ADDRESS (If rural, give location)

109 N. MONROE ST.

C. Length of stay in Baltimore

1 yr

Yrs.
Mos.
Days

5. SEX

BOY

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-23-51

9. AGE (In years, ~~last birthday~~, Months, Days, Hours, Min.)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

SHIRLEY MALONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

mother

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) ? CONG HEART FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ? congenital heart disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23-1951, to 5-24-51, 1951, that I last saw the
deceased alive on 5-24-1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

L. H. Williams, M.D.

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

5/24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 1 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 11 1951

L. H. Williams, M.D.

Commissioner of Health

ESTIMATE OF HEALTH TREATMENT
CERTIFICATE OF DEATH

1. Name of deceased	
2. Sex	
3. Age	
4. Date of death	
5. Place of death	
6. Cause of death	
7. Signature of physician	
8. Signature of registrar	
9. Signature of witness	
10. Signature of family	
11. Signature of community	
12. Signature of health officer	
13. Signature of coroner	
14. Signature of jury	
15. Signature of court	
16. Signature of state	
17. Signature of federal	
18. Signature of international	
19. Signature of other	
20. Signature of unknown	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5178

BIRTH NO.

D.C. 51-12064

1. NAME OF DECEASED
(Type or Print)

Dolby Neil Jennings

2. DATE
OF
DEATH

5/25/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 22 5300

c. Length of stay in Baltimore

29 mi

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2402 School Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

5/25/51

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

29

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Roy Vincent Jennings

14. MOTHER'S MAIDEN NAME

Joyce Sanford Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or not known)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Mother

ADDRESS

Same

18.

750X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anencephalic Unithodity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Prematurity

19A. DATE OF OPERATION

May 25

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1951, to May 25, 1951, that I last saw the deceased alive on May 25, 1951, and that death occurred at 3:54 m., from the causes and on the date stated above.

23A. SIGNATURE

William Plan

M. D.

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

6/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 4 1951

DATE RECEIVED BY
LOCAL REGISTRAR

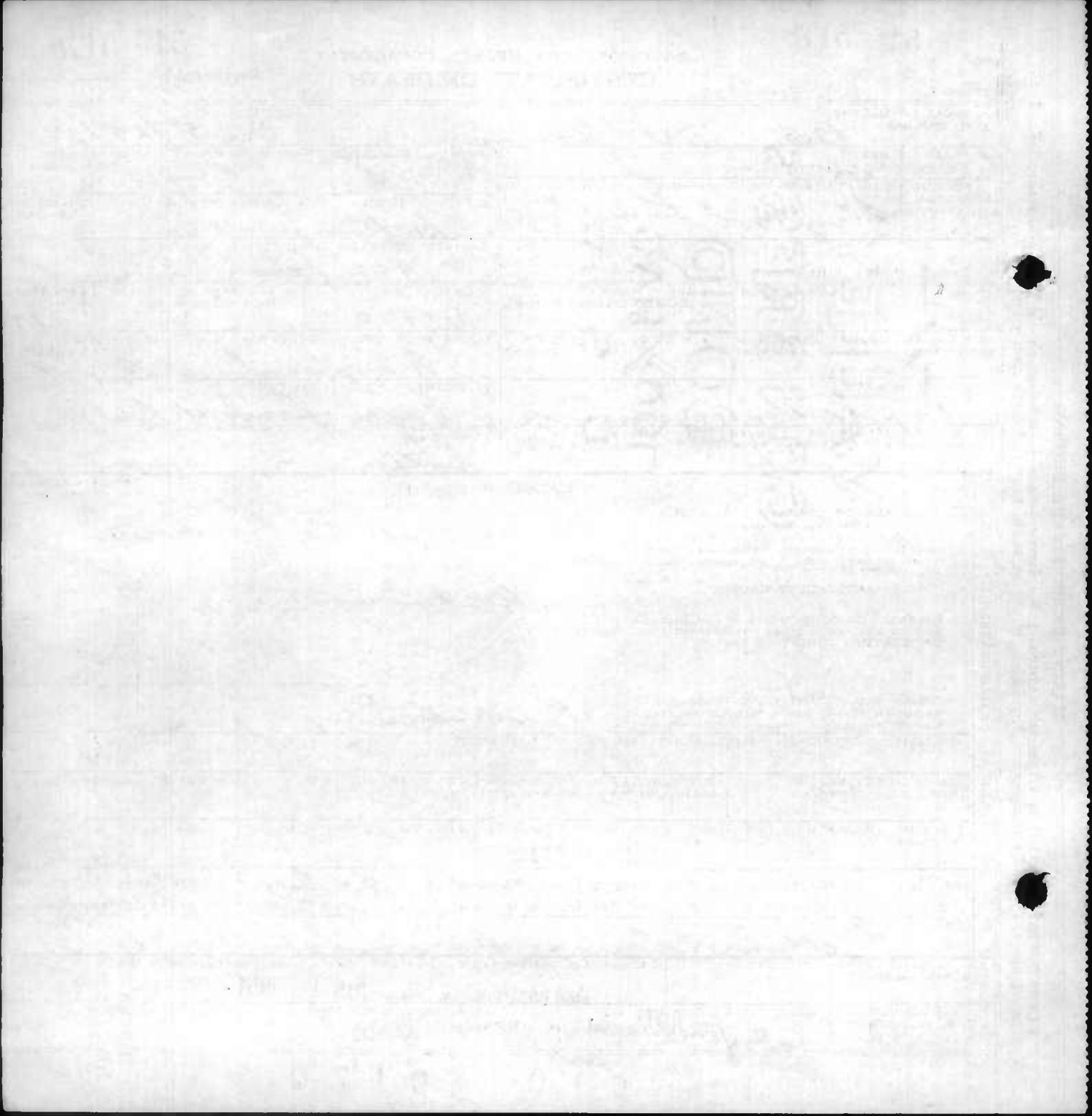
REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS



000 51 5179
51-12246BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5179

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNE DILLARD ROWE

2. DATE
OF
DEATH

June 2, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

—

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

a. STATE Maryland b. COUNTY Baltimore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rodgers Forge - 12 5300

d. STREET ADDRESS (If rural, give location)

215 Rodgers Forge Apts.

8. DATE OF BIRTH

May 30, 1951

9. AGE (in years, Months, Days)

— 8 —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard King Rowe

14. MOTHER'S MAIDEN NAME

Joanne Lillian Gall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

—

17. INFORMANT

ADDRESS

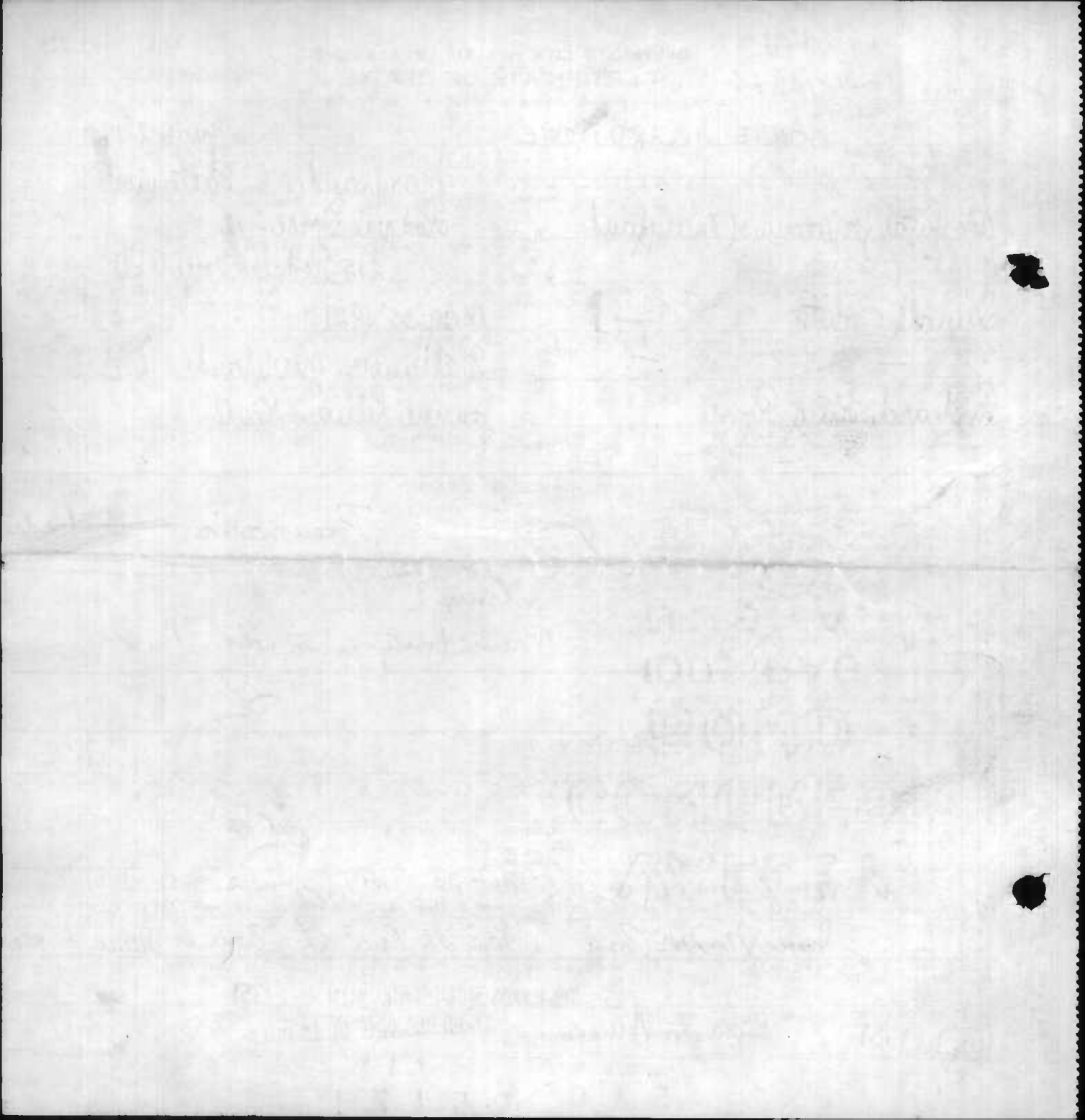
18. 763.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pneumonia	INTERVAL BETWEEN ONSET AND DEATH about 2 da
ANTECEDENT CAUSES	(B) Vermix?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Prematurity 32 wks.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 30, 1951, to June 2, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 11:50 a.m., from the causes and on the date stated above.		
23a. SIGNATURE James H. McCosh M.D.	23b. ADDRESS 1014 St. Paul St. Zone 2	23c. DATE SIGNED June 4 1951
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county)	24e. LOCATION (State)	
25. JUNE 4 1951 JOHN HOPKINS MEDICAL SCHOOL Commissioner of Health		
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1951	REGISTRAR'S SIGNATURE Lutington Williams, M.D.	ADDRESS

VS 150

19510005171

159



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

ND-147744

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

James Holland

2. DATE
OF
DEATH

June 8, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write address and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

710 Sharp St.

c. Length of stay in Baltimore

25 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Feb. 26, 1900

9. AGE (in years
last birthday)

51

10 Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR
INDUSTRY

GLASS

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Arthara Holland

14. MOTHER'S MAIDEN NAME

Mary Reed

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

91-8-03-525

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

MEDICAL CERTIFICATION

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)CAUSE OF DEATH
Bronchogenic(A) ~~Bronchogenic~~ Carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Empyema

DUE TO

(C) Bronchopleural Fistula

INTERVAL BETWEEN
ONSET AND DEATH

4 Mos.

1 Yr.

2 Mos.

(over)
1 Wk.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

19a. DATE OF OPERATION

4-18-51

19b. MAJOR FINDINGS OF OPERATION

Empyema- Open Thoracotomy performed

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1951, to 6-8, 1951, that I last saw the
deceased alive on 6-8, 1951, and that death occurred at 10:05 am from the causes and on the date stated above.

23a. SIGNATURE

W. B. Fugop

M. D.

23b. ADDRESS

4940 Eastern Avenue

23c. DATE SIGNED

6-9-51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

6-13-51

24c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24d. LOCATION (City, town, or county)

Balt.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. B. Fugop

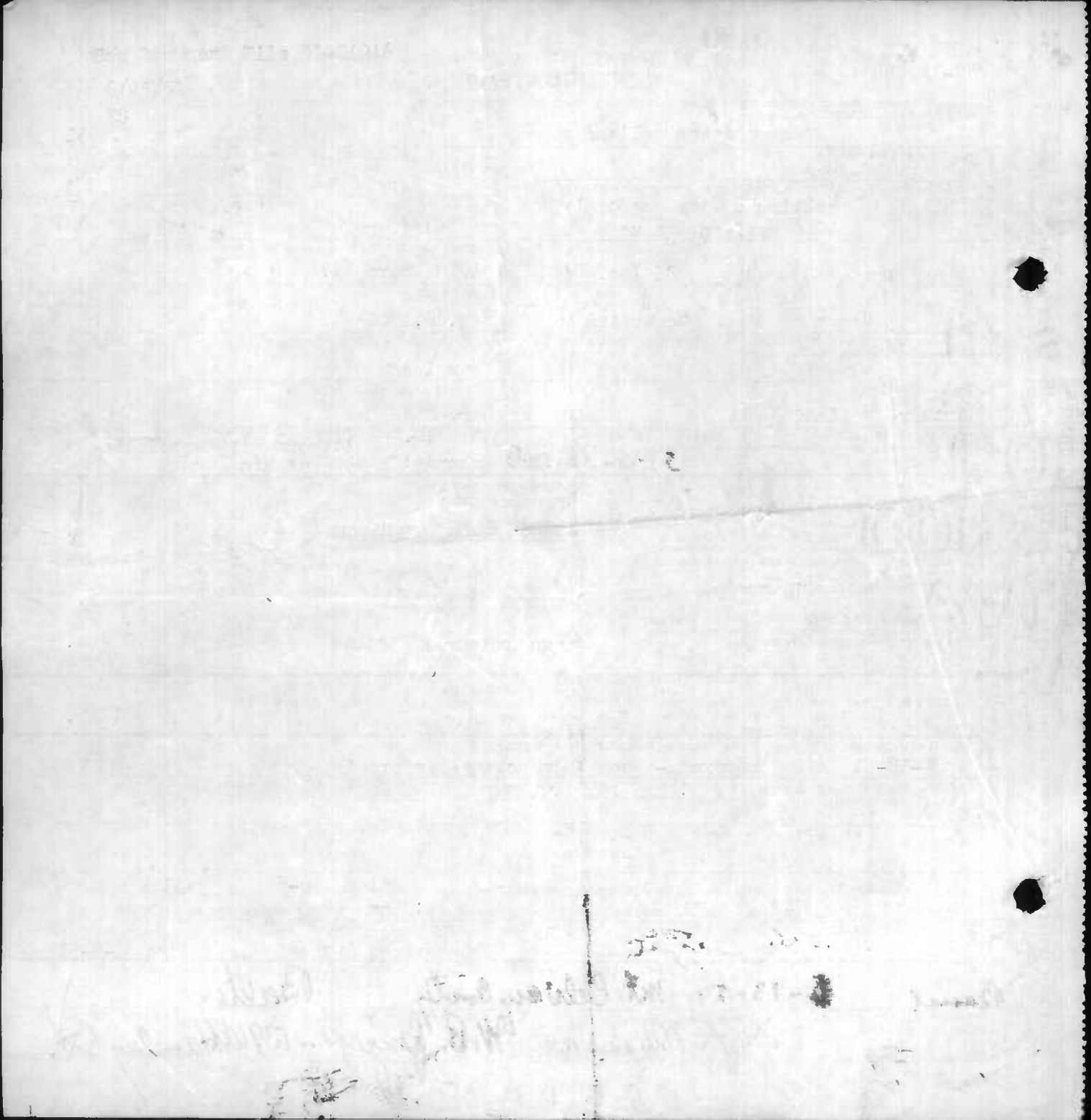
25. FINGERPRINT DIRECTOR

W. B. Fugop - 139 W. Hamlet St.

ADDRESS

VS 150

1951 JUN 25 5 17 2 47c



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GENEVIEVE WILSON

2. DATE
OF
DEATH

June 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1613 Darley Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1613 Darley Avenue

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 26, 1894

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles J. Cordray

14. MOTHER'S MAIDEN NAME

Mary C. Keagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 1613 Darley Avenue - 18
Mr. Leroy H. Wilson

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Myocardial Insufficiency

INTERVAL BETWEEN
ONSET AND DEATH

3 months

ANTECEDENT CAUSES

(B)

DUE TO

Hypertensive Cardio-Vascular Disease

(C)

Obesity

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19 to June, 1951, that I last saw the
deceased alive on June 5, 1951, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Roy M. Zimmerman, M.D.

23B. ADDRESS

2858 Harford Rd.

23C. DATE SIGNED

June 8, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/9/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem. Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 11 1951

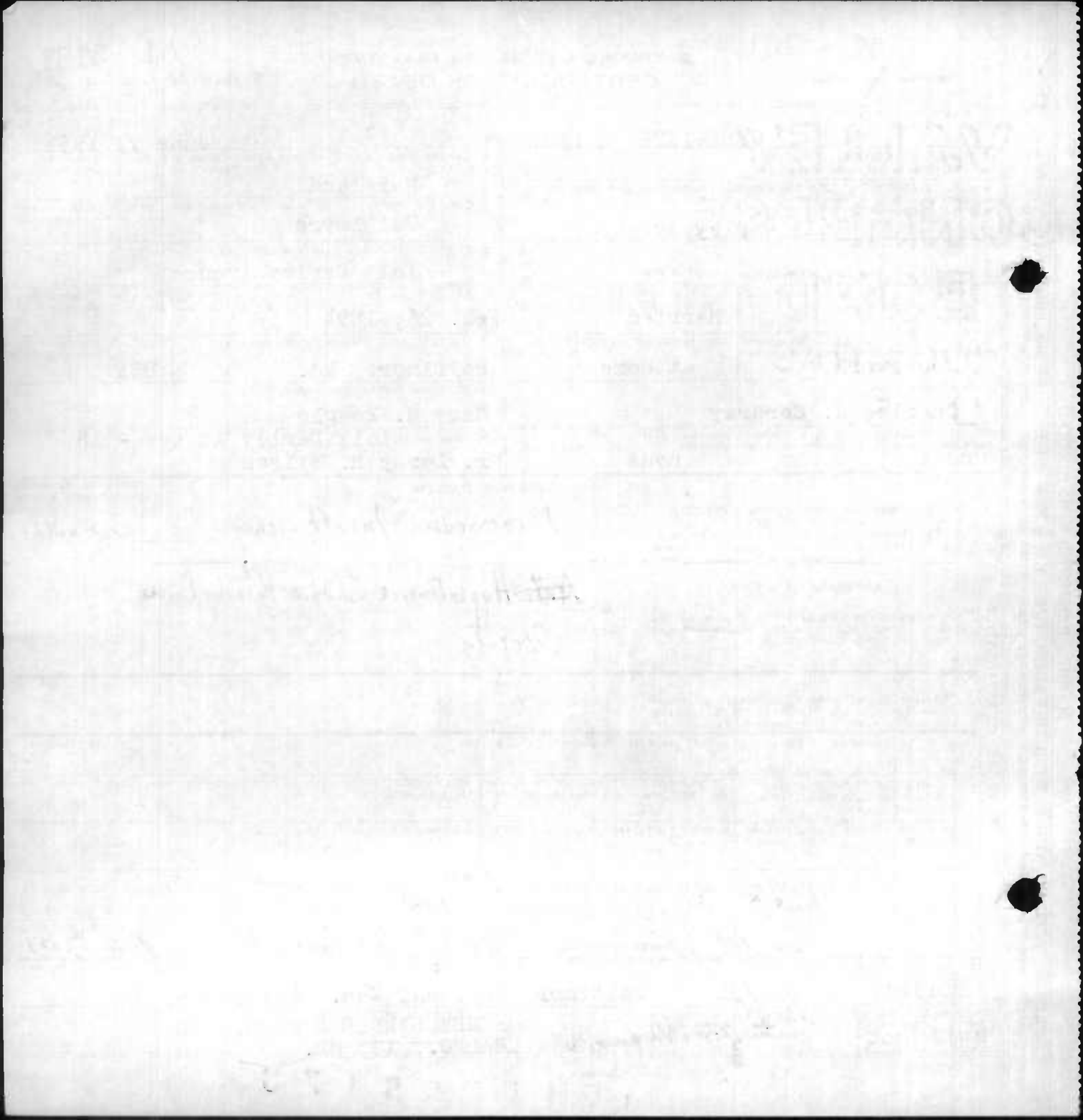
REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

ADDRESS



R. 200 51 5182

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

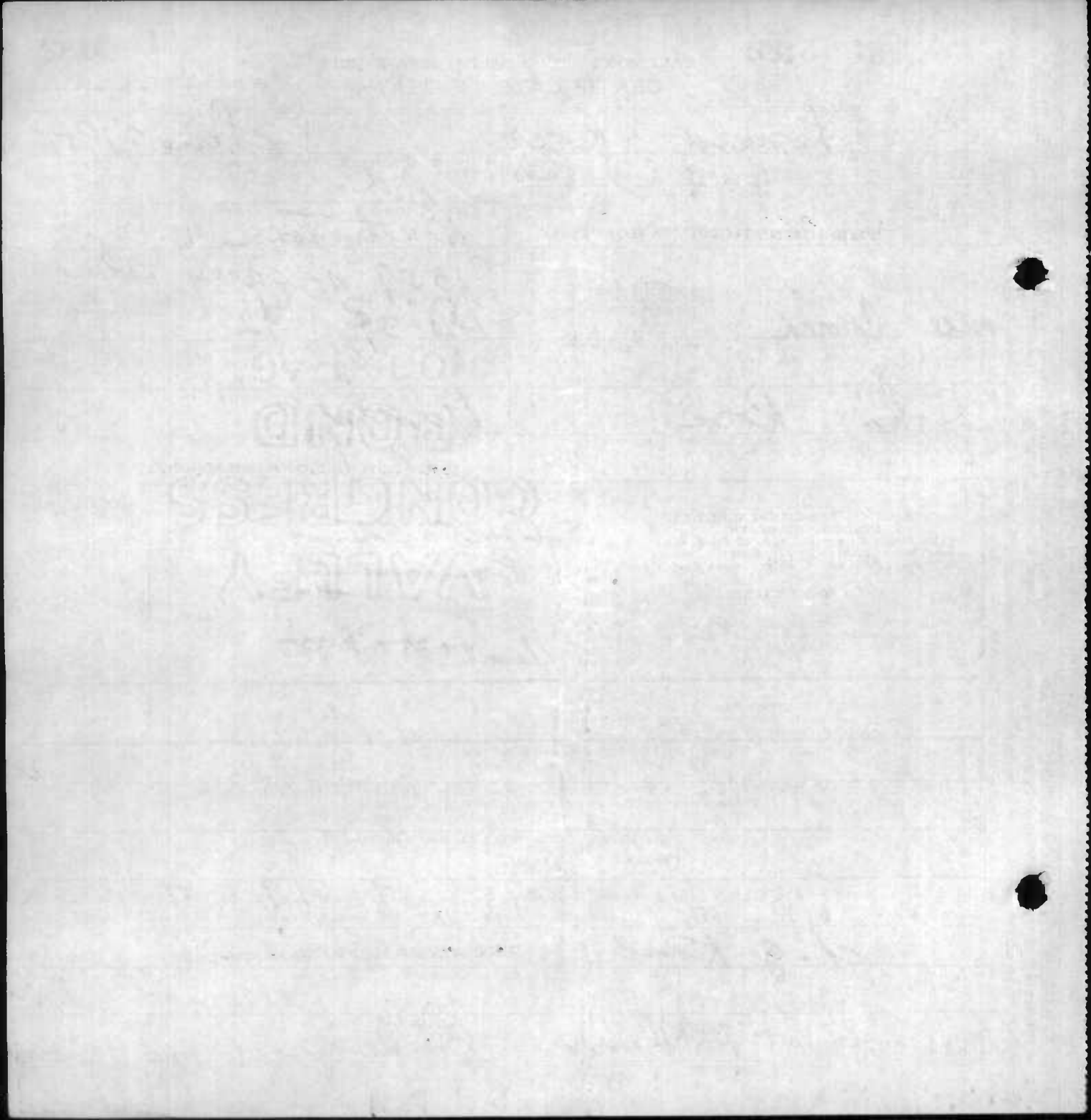
51 5182

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ronald Rock</i>		2. DATE OF DEATH <i>June 7, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4217 34th. Rd.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-01</i>			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1357 N. Carey St.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1-10-39</i>	9. AGE (in years, last birthday) <i>12</i>	10. UNDER 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <i>John Rock</i>		14. MOTHER'S MAIDEN NAME <i>Dorothy</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>	

18. <i>754.6</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Sub aortic Stenosis</i> DUE TO <i>Pneumonia</i> DUE TO <i>Heart Failure</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) _____ DUE TO _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>6/7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/4</i> , to <i>6/7</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/7</i> , 19 <i>51</i> , and that death occurred at <i>10:30 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Ch. G. Kach</i>		23B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>June 11, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Wt. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		24E. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 11 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Brooke Ruggels 14637 Carey 157E</i>	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Harry R. Mcbauley

2. DATE
OF
DEATH

June 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *md.*

B. COUNTY

before admission

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4310 Hayward Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-31

D. STREET ADDRESS (If rural, give location)

4310 Hayward Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 26, 1890

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Civil Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Robert Park Road Eng.

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm H. Mcbauley

14. MOTHER'S MAIDEN NAME

Martha J. Myster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

214-03-5570

17. INFORMANT

ADDRESS

Bella S. Mcbauley 4310 Hayward Ave.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *coronary occlusion*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Instantaneous

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/7/51*, 19*51*, to *6/7/51*, 19*51*, that I last saw the deceased alive on *6/7*, 19*51*, and that death occurred at *7:30 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Guaranteed

23B. ADDRESS

2020 H. Cleaver St

23C. DATE SIGNED

6/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/11/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Woodlawn Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 11 1951

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul C. Schenck 36151 Chestnut Ave.

VS 150

1 5 5 10 30 24 5 1 7 5

94a

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

51 5183

51 5183

240

NOT A MEDICAL EXAMINER'S CASE

J. H. Quilley

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

M-243 51 5184

51 5184

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Emma E.

Me Keldin

2. DATE
OF
DEATH

6/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1513 N. Bradford St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

8-04

D. STREET ADDRESS (If rural, give location)

1513 N. BRADFORD ST.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7/16/1879

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hiram G. Richardson

14. MOTHER'S MAIDEN NAME

Catherine Enser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nettie Blades 1513 N. Bradford St

18.

174X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Adenocarcinoma of uterus

6 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3/43, 19, to 6/8/51, 19, that I last saw the
deceased alive on 6/7/51, 19, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Max Baum

23B. ADDRESS

1501 N. Milton Ave.

23C. DATE SIGNED

6/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/11/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR: H. H. H. H.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 127 St. Paul St.

VS 150

510005176

48B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

U S A

1941-1942

1941-1942

1941-1942

1941-1942

1941-1942

VALLEY

CONCRETE

BOARD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

XYLANDER, GEORGE G.

2. DATE
OF
DEATH

June 8 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

12-05

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

321 E. North Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/11/1884

9. AGE (In years
last birthday)

67

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Balt. Cemetery

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles G. Xylander

14. MOTHER'S MAIDEN NAME

Barbara Schuman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eva E. Xylander 321 E. North Ave

18.

592X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic Uremia

DUE TO

5 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Glomerulo-Nephritis, Chronic

DUE TO

3 months

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Renal Hypertension,

?

19A. DATE OF OPERATION

7

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20 1951 to June 8 1951, that I last saw the
deceased alive on 6-8 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles T. Henderson

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6-8-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/11/51

24C. NAME OF CEMETERY OR CREMATORY

Schwartz

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

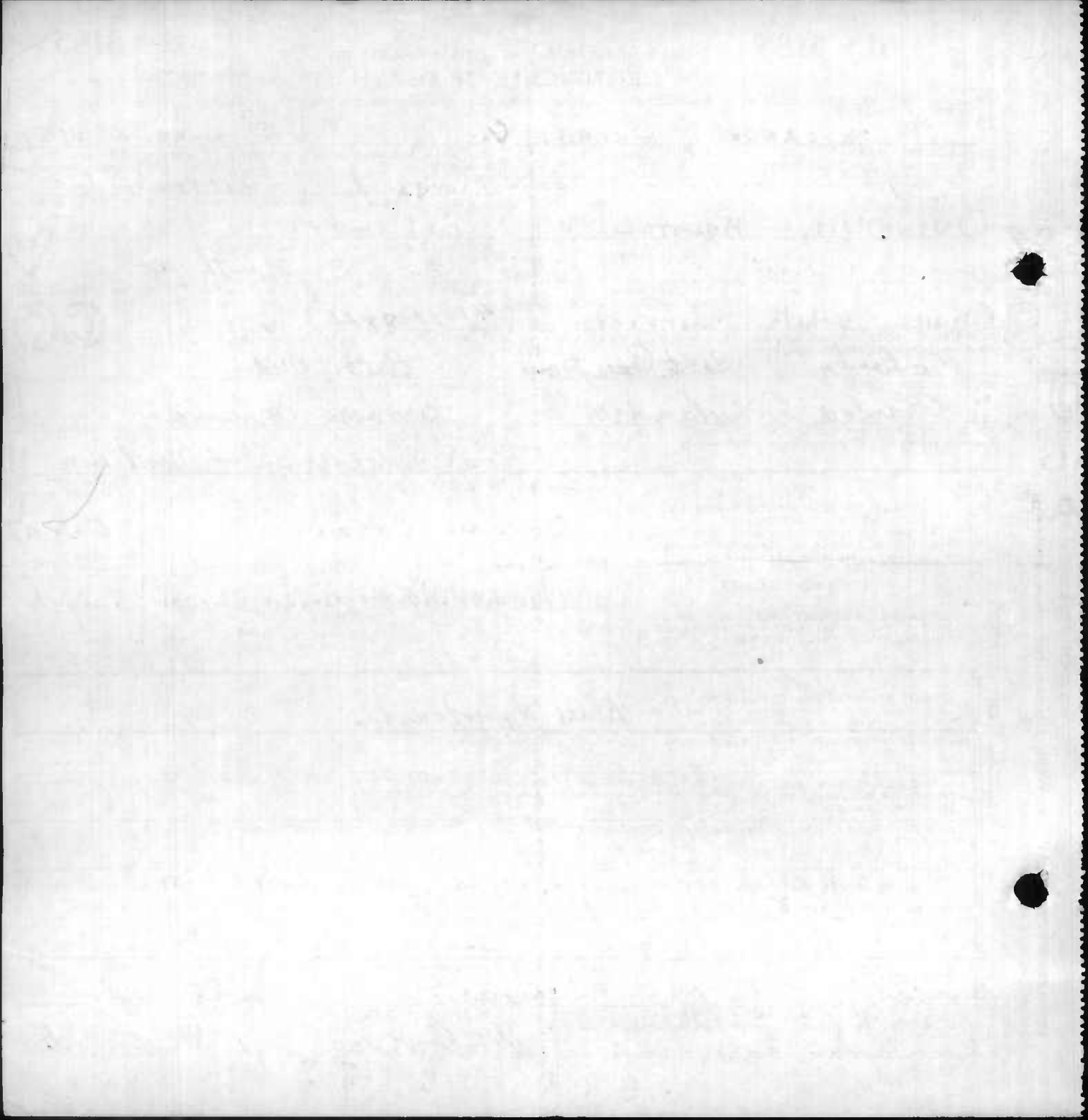
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5186
Registered No. 51 5186

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT M. GANT

2. DATE
OF DEATH June 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Virginia

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION Harry B. Cook Co.
1 E. 24th StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Richmond

D. STREET ADDRESS (If rural, give location)

5225 Monument Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

7/7/1894

9. AGE (in years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Food Broker

10B. KIND OF BUSINESS OR
INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Water Valley, Miss.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(W)

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

U. S. #1

16. SOCIAL
SECURITY NO.

17. INFORMANT

Margaret Gant 5225 Monument St
Richmond Va.

18.

4221
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic Cardiovascular
DiseaseINTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

B. S. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐ 6-8-51
MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/11/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 14 1951

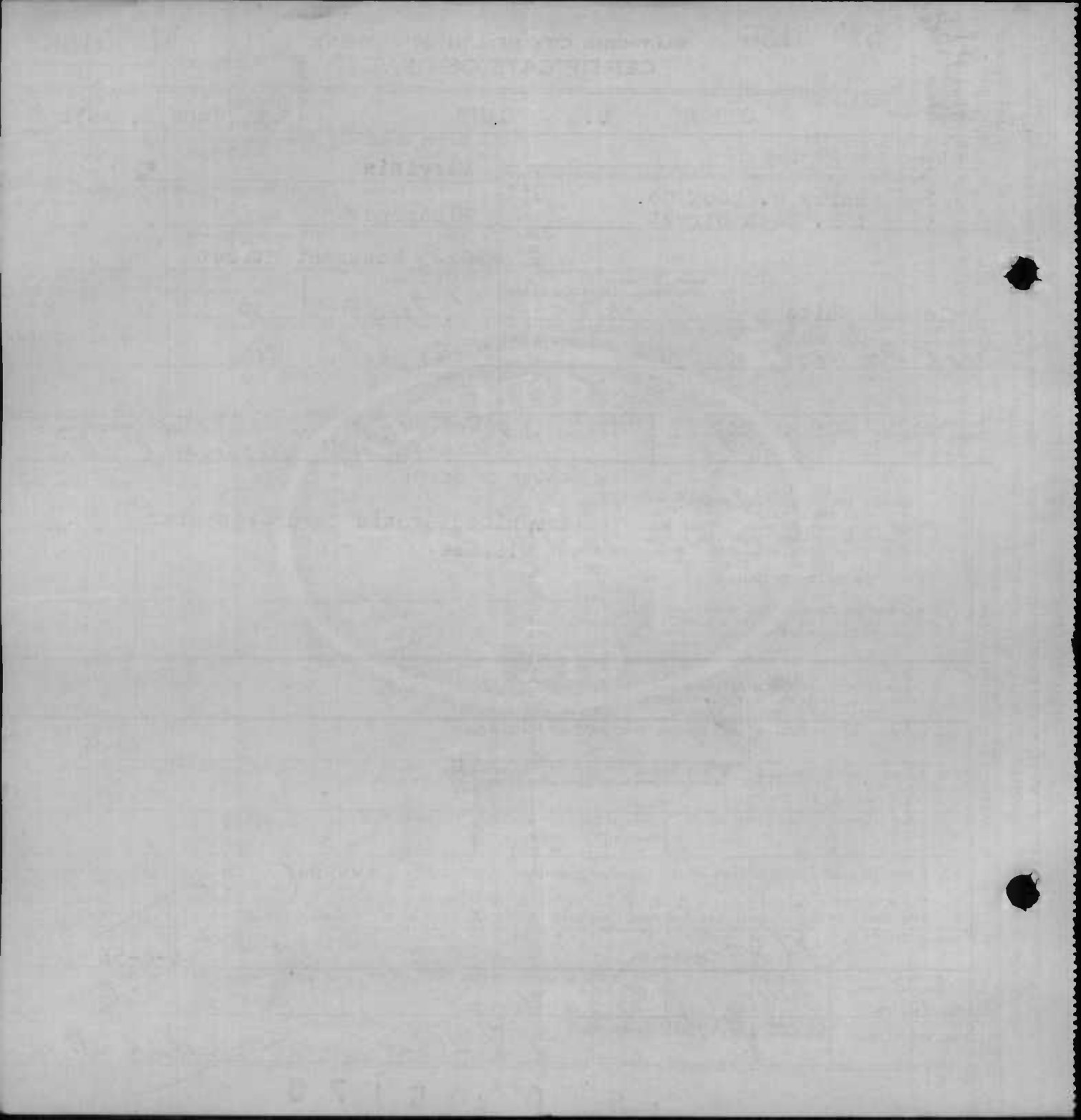
REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

W. Cook Inc. 1217 St. Paul St.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL JENNINGS GLOVER

2. DATE
OF
DEATH

June 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2231 Longwood St.

15-47

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 19, 1880

9. AGE (In years
last birthday)

71

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Own Carpentry

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. Glover

14. MOTHER'S MAIDEN NAME

Malessia Armentrout

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J. W. Glover - 20 India Lane

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 hrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4/5, 19, to June 7/5, 19, that I last saw the
deceased alive on June 4/5, 19, and that death occurred at 2:00 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremation

6/11/51

Greenmount Crematory

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

515187

83a

Balto Md.

M-320 51 5188

51 5188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8-1951, to 6-8-1951, that I last saw the
deceased alive on 6-8-1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

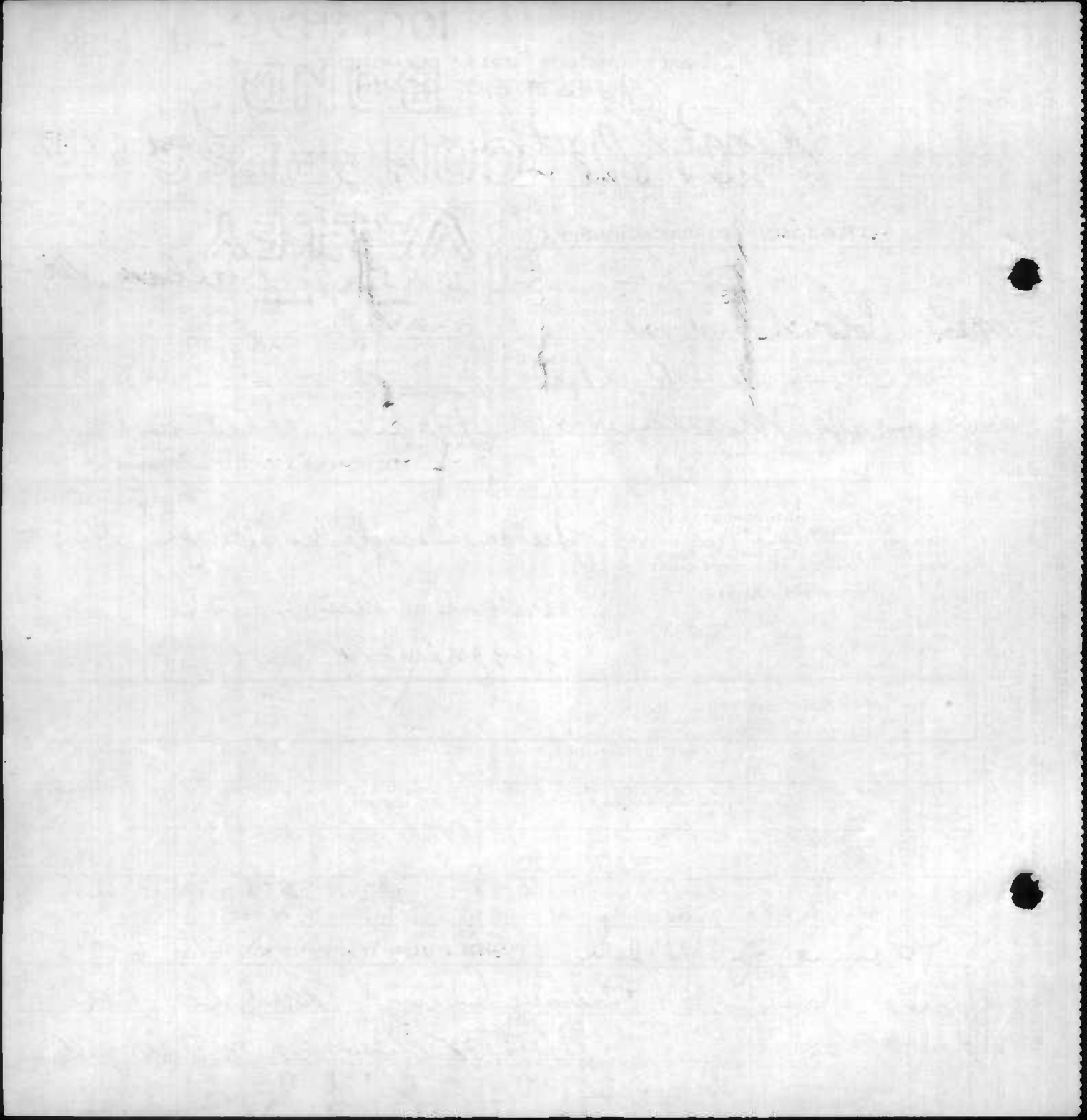
594 24205180

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

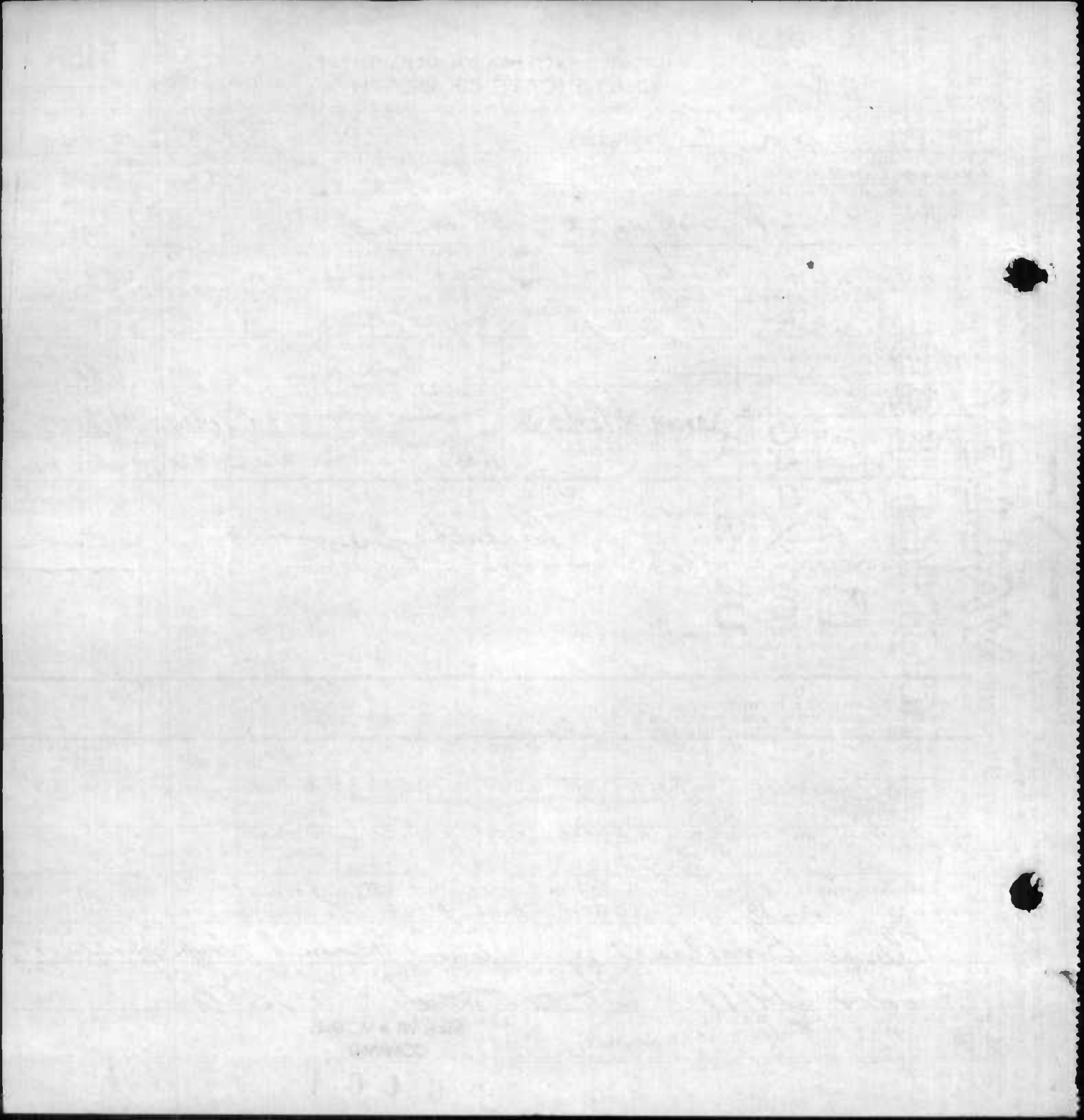


P 620 51 5189

N.R.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5189
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Patay Low Parks		June 10, 1951	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)			
A. Baltimore City, Maryland		A. STATE Indiana B. COUNTY ?? V-12			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		D. STREET ADDRESS (If rural, give location)	
Union Memorial Hospital		Muncie		202 Riverside Ave.	
c. Length of stay in Baltimore		4		Mos. 4	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. Under 1 Year Months: Days
Female	White	Single	May 12, 1950	1	1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
				Indiana	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY	
E. William Parks		Marion W. Parks, Jr.		USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mother: — 202 Riverside Ave., Muncie, Ind.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Broncho pneumonia		5 da	
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 6, 1951, to June 10, 1951, that I last saw the deceased alive on June 10, 1951, and that death occurred at 8:40 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Alvin Bonzelaar		Union Memorial Hosp.		June 10, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Cremation		6/11/51		Green Mount	
24D. LOCATION (City, town, or county) (State)		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
Belts		Green Mount		Belts	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JUN 11 1951		Stewart & Mowen		COMPANY	



P-635-51 5190

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5190

Registered No. _____

BIRTH NO. _____

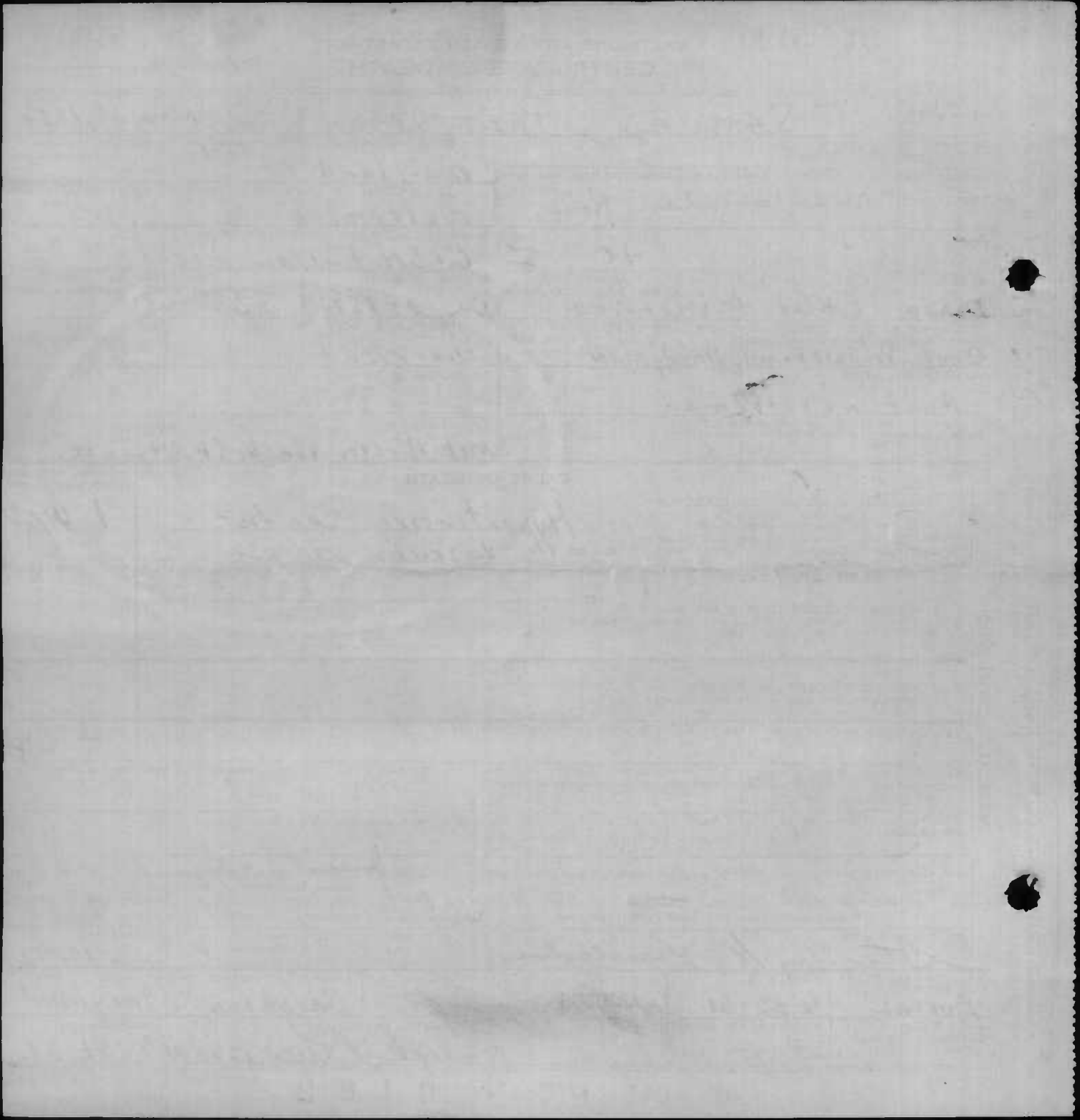
1. NAME OF DECEASED (Type or Print) SAMUEL PRETTYMAN		2. DATE OF DEATH June 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland Gen. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 40 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 613 N. Fulton Ave. 16-03	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 29, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook - Private Family		10B. KIND OF BUSINESS OR INDUSTRY HANDYMAN	9. AGE (In years last birthday) 60
13. FATHER'S NAME Andrew Prettyman		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME ?	
17. INFORMANT Mabel Prettyman		ADDRESS 613 Fulton Ave.	

18. 443X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive Cardio-vascular disease		1 Week
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____		
(C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		
19A. DATE OF OPERATION _____	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) _____	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy Inspection or Inquiry , find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .		
23A. SIGNATURE Stanley K. Dunlader M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>
23C. DATE SIGNED June 10, 1951		
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6-12-51	24C. NAME OF CEMETERY OR CREMATORY ARBUS
24D. LOCATION (City, town, or county) (State) Brooklyn, Maryland		
24E. LOCAL REGISTRAR'S SIGNATURE _____		24F. FUNERAL DIRECTOR'S ADDRESS Joseph L. Russ, 1200 McCulloch St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION



F000 51 5191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5191

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John T. Fahey

2. DATE
OF
DEATH

June 8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

1024 N. Pat. Pk. Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Windsor Nursing Home

3025 Windsor Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. Md.

D. STREET ADDRESS (If rural, give location)

1024 N. Pat. Pk. Ave.

8-04

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 4, 1876

9. AGE (in years
last birthday)

75

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

--- Fahey

14. MOTHER'S MAIDEN NAME

Julia Burns

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Helen Fahey

2413 E. Biddle St.

18.

581,0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cirrhosis of liver

INTERVAL BETWEEN
ONSET AND DEATH

10 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic heart disease

10 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1951, to June 8, 1951, that I last saw the
deceased alive on June 8, 1951, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hewitt

23B. ADDRESS

3048 W. North Ave.

23C. DATE SIGNED

June 11, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 11/51

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

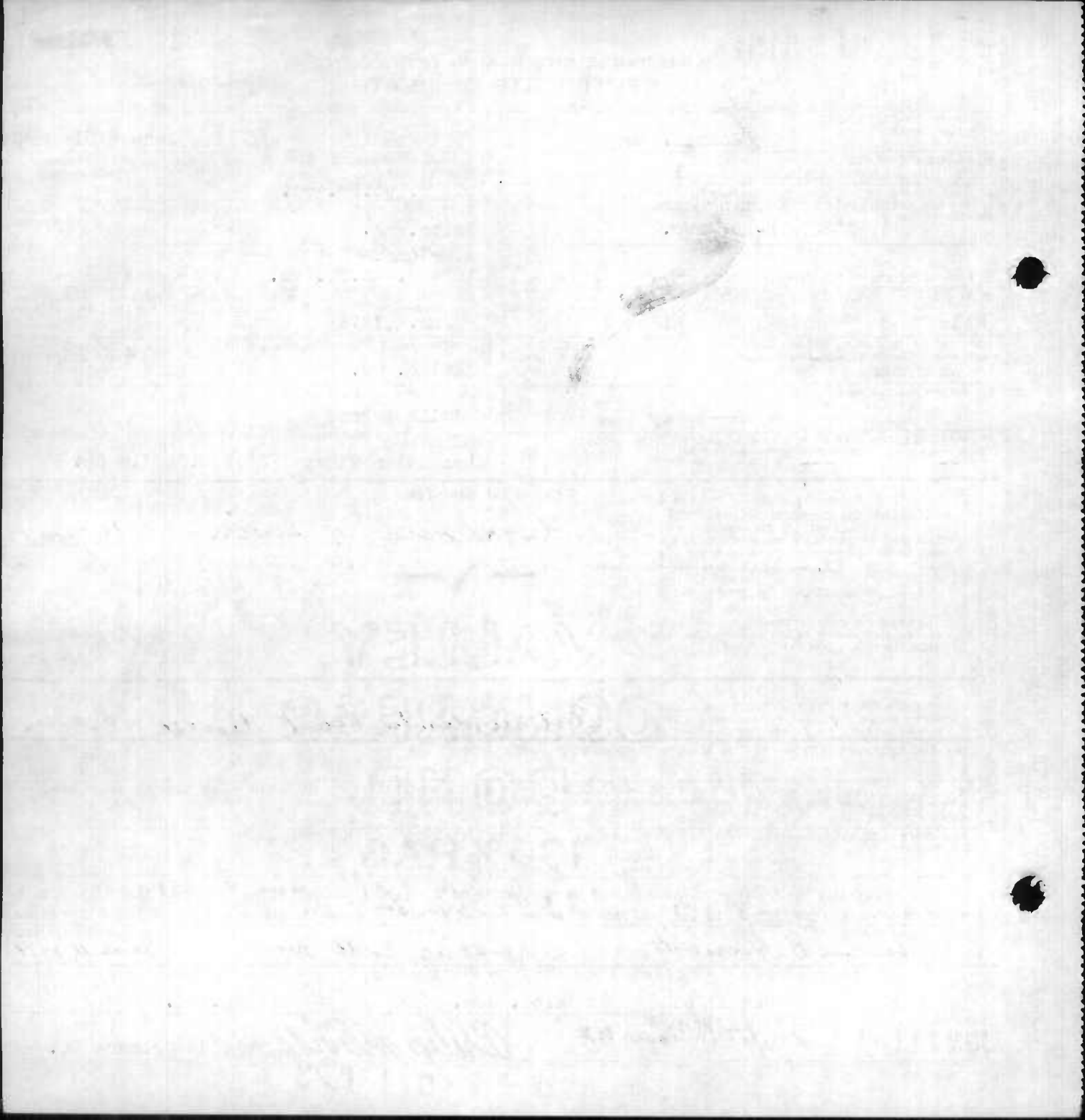
ADDRESS

JUN 11 1951

Philip Hewitt

2024 Orleans St.

124 B



B-600

51 5192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5192

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Martin L. Beere. Martin J.

2. DATE
OF
DEATH

June 9th. 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore**B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION **822 E. Pratt St.**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY _____C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

822 E. Pratt St.

c. Length of stay in Baltimore

lifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

12-15-18849. AGE (In years
last birthday)**76**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Retired Operator**10B. KIND OF BUSINESS OR
INDUSTRY**Telegraph**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Micheal Beere

14. MOTHER'S MAIDEN NAME

Mary G.15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**yes****1898 - 1900 to 1905**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gordon J. Beere18. **4221**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ARTERIOSCLEROSIS.**10 YRS**

DUE TO

ANTECEDENT CAUSES

(B)

CHR. INTERSTITIAL NEPH.**5 YRS**DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

CHR. MYOCARDITIS**5 YRS**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JUNE**, 1950, to **JUNE 9**, 1951, that I last saw the
deceased alive on **JUNE 9**, 1951, and that death occurred at **2:30 A** m., from the causes and on the date stated above.

23A. SIGNATURE

James F. Kavanaugh MD

M. D.

23B. ADDRESS

3014 McElderry St

23C. DATE SIGNED

6-9-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

6-12-1951

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn

24D. LOCATION (City, town, or county) (State)

Baltimore Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Baltimore St.

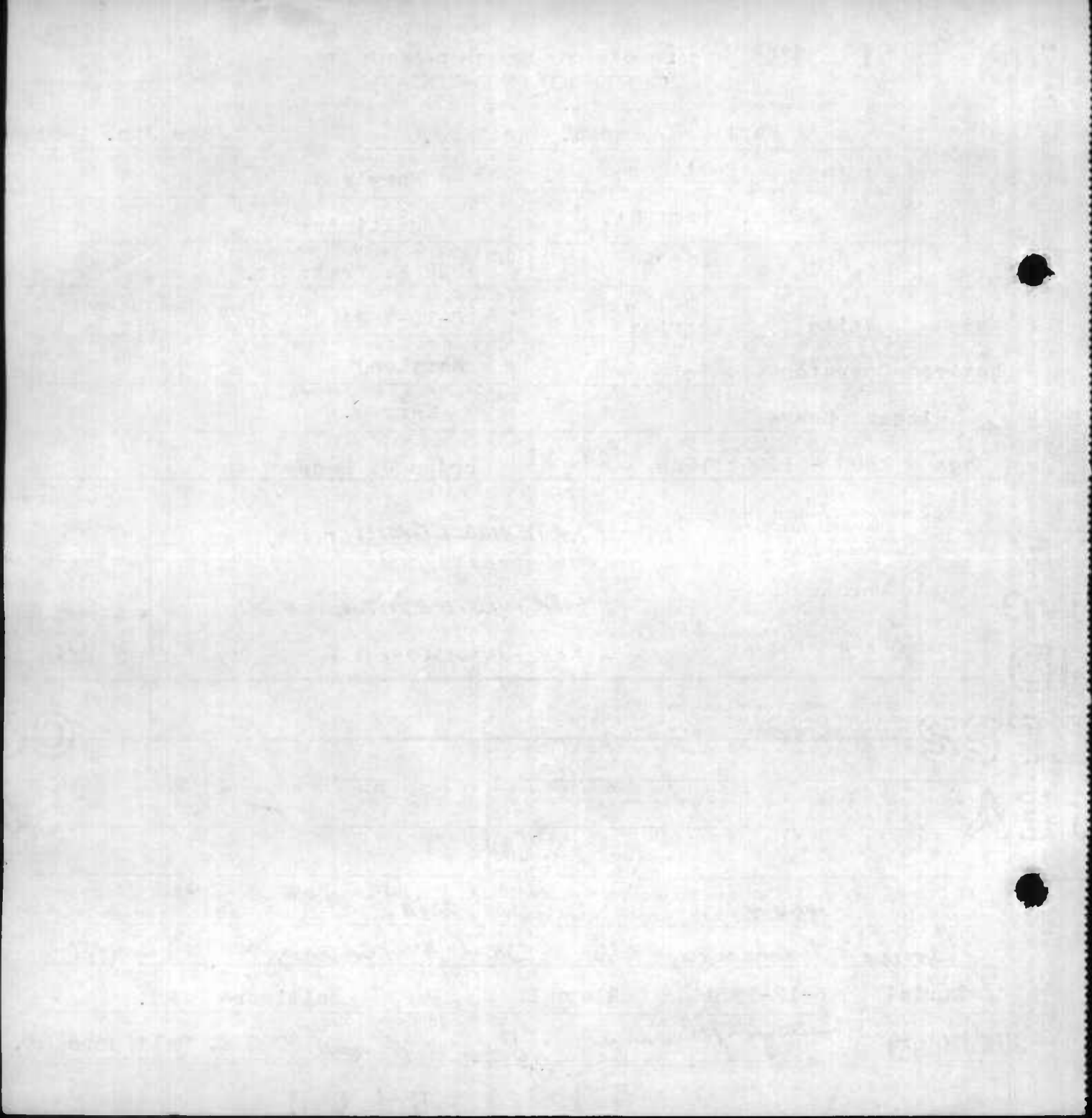
VS 150

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131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Poe, John F.

2. DATE
OF
DEATH

6-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

58 Univ. of Md Hosp

C. Length of stay in Baltimore

Yrs.
Mos.
Days

S. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

BALTIMORE

C. CITY OR TOWN

Bella

(If outside corporate limits/ write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Bella

5300

S. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1-24-1935

9. AGE (In years,
last birthday)

16

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

invalid

10B. KIND OF BUSINESS OR
INDUSTRY

invalid

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Poe

14. MOTHER'S MAIDEN NAME

Alberta Merryman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Bella, Md

18.

744.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) atelectasis

DUE TO

(C) progressive muscular dystrophy

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8, 1951, to 6-10, 1951, that I last saw the deceased alive on 6-9, 1951, and that death occurred at 2 A m., from the causes and on the date stated above.

23A. SIGNATURE

Charles B. Key III

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6-10-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-13-51

24C. NAME OF CEMETERY OR CREMATORY

Deer Park Methodist

24D. LOCATION (City, town, or county)

Prestertown Md

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

JUN 11 1951

25. FUNERAL DIRECTOR

H. C. Higginbotham, Everett City

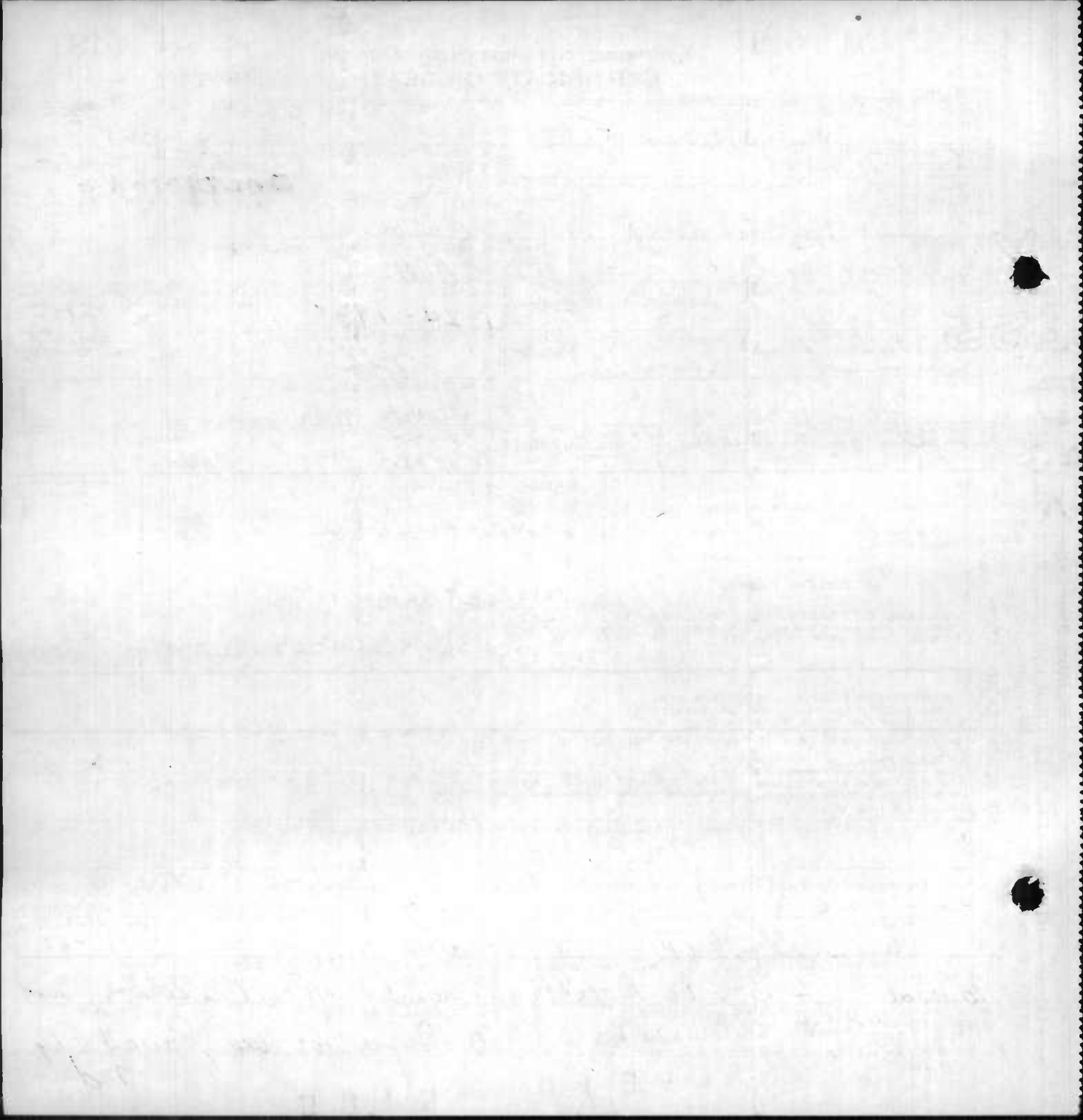
ADDRESS

Md

VS 150

1 2 5 1 0 2 0 5 1 0 5

156B



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Fredricka O'Leary a k a Frieda

2. DATE
OF
DEATH

6/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto., Md.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **St. Joseph's Hospital**
1400 N. Caroline St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. **26-03**

D. STREET ADDRESS (If rural, give location)
3532 Elmley Ave. #13

C. Length of stay in Baltimore **60 yrs.**

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

10/2/91

9. AGE (In years last birthday)

60 yrs.

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Balto., Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Gustav

14. MOTHER'S MAIDEN NAME
?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Thomas E. O'Leary--3532 Elmley Ave. #13

18.

33/X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertension**

DUE TO

(C) **Cerebral Arterio-Sclerosis**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/7** 19**51**, to **6/7** 19**51**, that I last saw the deceased alive on **6/7** 19**51**, and that death occurred at **10:20 PM** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

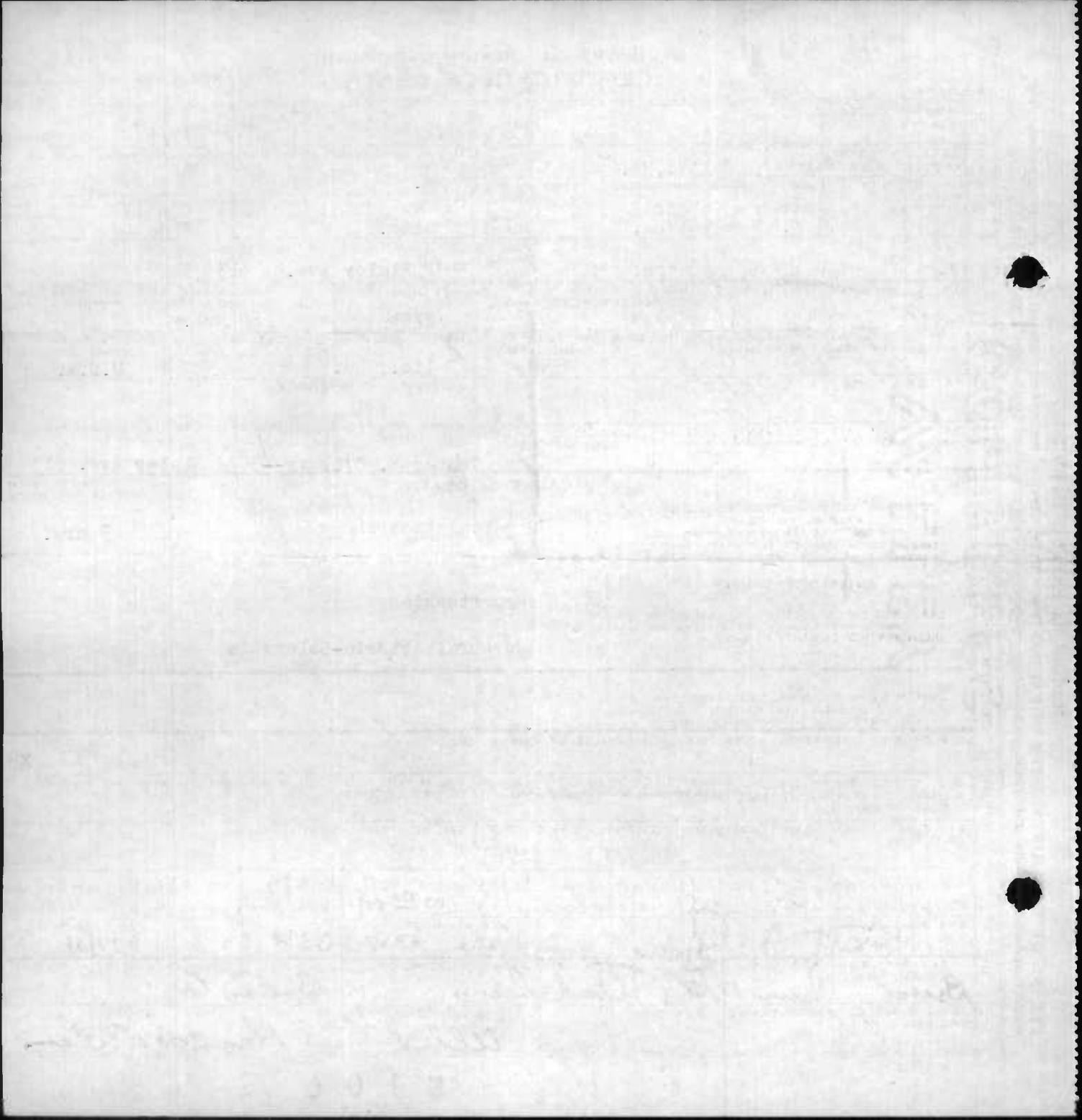
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

431		51 5195		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 5195 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) JULIUS GOHLBERG				2. DATE OF DEATH 6-10-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2212 East Lombard St				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-05			
c. Length of stay in Baltimore 40 Yrs. 24 Days				D. STREET ADDRESS (If rural, give location) 2212 East Lombard St			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH		9. AGE (in years, last birthday) 61	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Isadore				14. MOTHER'S MAIDEN NAME Shandel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Gertrude Goldberg - same			
1B. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of liver DUE TO Carcinoma of sigmoid DUE TO u Lung DUE TO u Lung				CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION July 1945		19B. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1945 to 6/8 , 19 51 , that I last saw the deceased alive on 6/8 , 19 51 , and that death occurred at 7A m., from the causes and on the date stated above.							
23A. SIGNATURE A. G. Homster		M. D. 206 E. Biddle St		23B. ADDRESS 6/10/51		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-12-51		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1951		REGISTRAR'S SIGNATURE Amington Williams, Jr.		25. FUNERAL DIRECTOR Jack Lewis Inc		ADDRESS 2100 E. Towson Rd	

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 12, 1911.

REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1910.

ALBANY:

JOHN W. BAKER, PRINTING OFFICE.

1911.

THE STATE OF NEW YORK.

OFFICE OF THE ATTORNEY GENERAL.

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OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1910.

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1911.

THE STATE OF NEW YORK.

OFFICE OF THE ATTORNEY GENERAL.

51 5196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 5196

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DAVID WEINER

2. DATE
OF
DEATH

June 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Singer Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

township)

Baltimore 10-02

D. STREET ADDRESS (If rural, give location)

832 Abbot Court

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

39

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

6 clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Plastic Co

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Israel

PROD. (M)

14. MOTHER'S MAIDEN NAME

Tammie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rose Weiner

Tammie

18. 600.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic Pyelonephritis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

years

year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Right Pleural Effusion

7 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 to June 9, 1951, that I last saw the
deceased alive on June 9, 1951, and that death occurred at 10:00 PM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 11 1951

Winifred Williams, M.D.

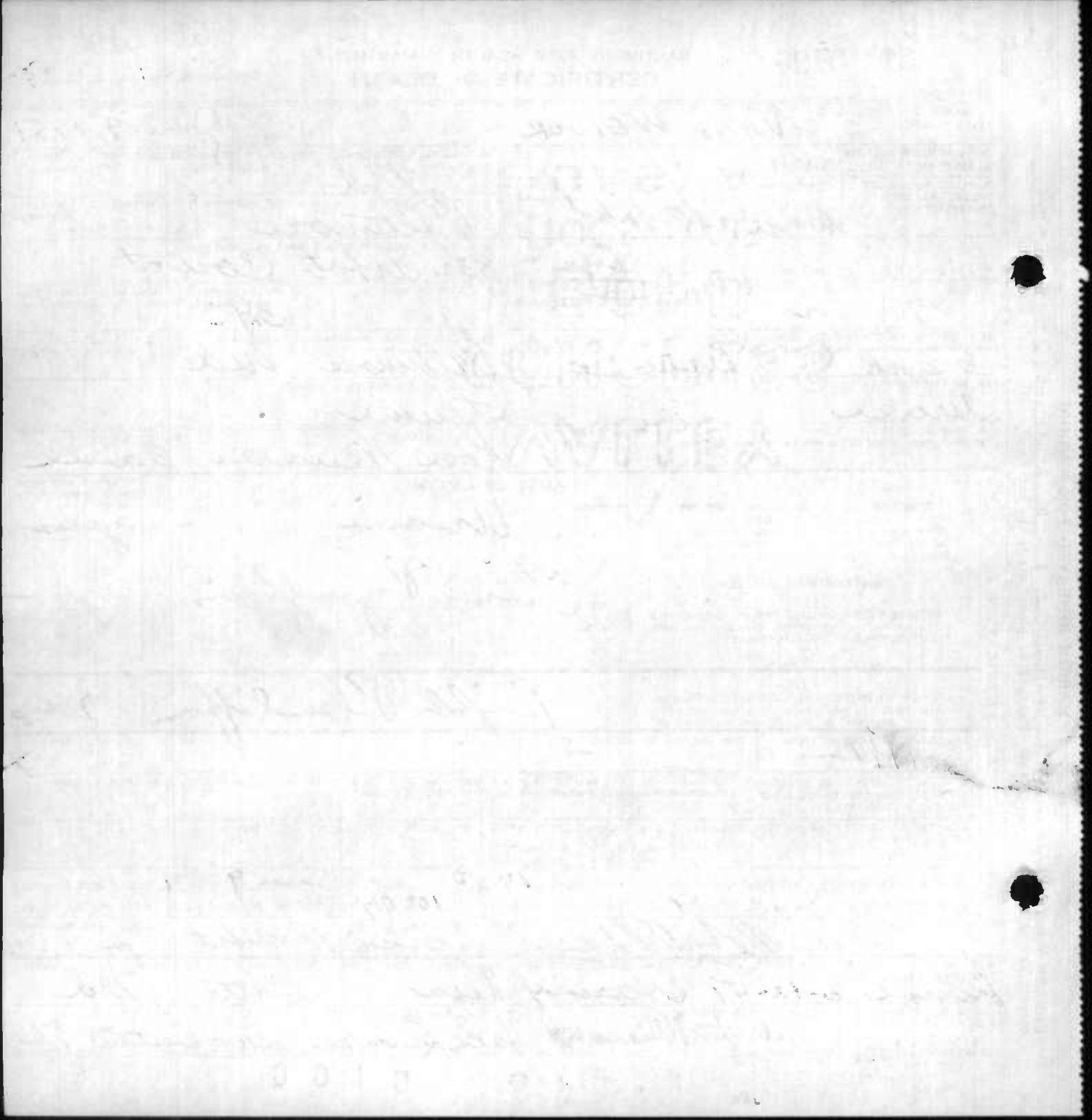
Jack Lewis

2100 Canton St

VS 150

359032005180

110 B



51 5197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5197
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VAN FORD, ALBERTA

2. DATE
OF
DEATH

6/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Provident

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April, 1893

9. AGE (In years
last birthday)

58

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. - A

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Sarah Barrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

M's Rose Wesley 1438 Belvidere St.

18.

022X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Ruptured Aortic Aneurysm

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cardiac Tamponade

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6 1951, to 6/6 1951, that I last saw the
deceased alive on 6/6 1951, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John H. Hobbes III M. D.

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

6/9/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-11-51

24C. NAME OF CEMETERY OR CREMATORY

Western Star Cem.

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

W. H. Travers St. Kennedy

ADDRESS

578 W. Biddle St.

JUN 11 1951

VS 150

772d 2A 005182

307

1937

CENTRE OF THE CITY

2271

VANFORD, ALBERTA

Handwritten signature

Handwritten signature

Handwritten signature

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Handwritten signature

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

152-51 5198

51 5198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Sarah Inlowers Robinson			2. DATE OF DEATH June 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 531 Oxford St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-02		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 531 Oxford St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4, 1887	9. AGE (in years last birthday) 64	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME John Inlowers			14. MOTHER'S MAIDEN NAME Mary Wells		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS James Robinson 531 Oxford St		

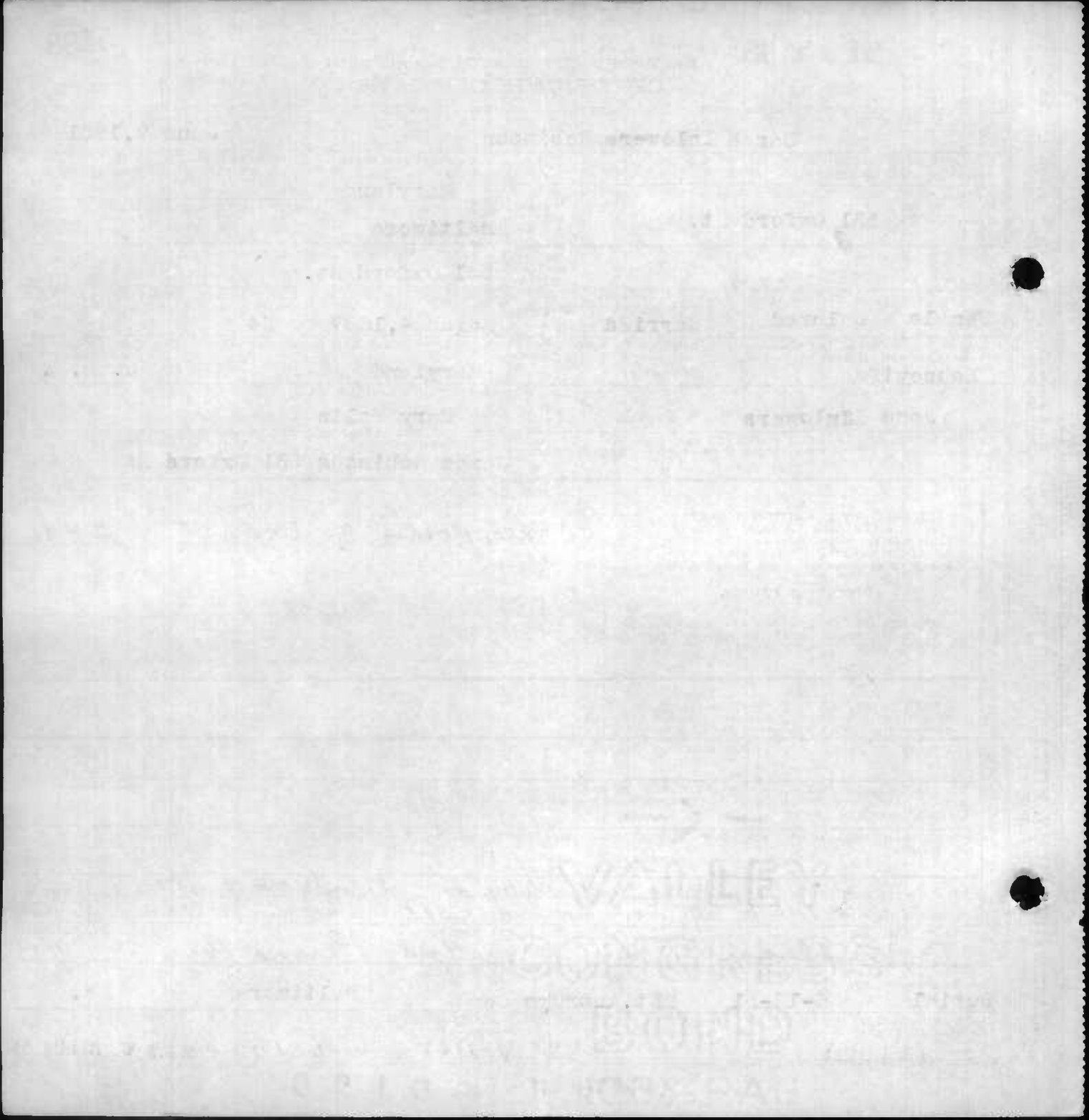
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA of BREAST DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH CARCINOMA of BREAST DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 YRS.
---	--	---

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MAY 28 , 19 51 , to JUNE 9 , 19 51 , that I last saw the deceased alive on JUNE 4 , 19 51 , and that death occurred at 11 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE William Frey M. D.		23B. ADDRESS 1928 Penna Ave		23C. DATE SIGNED 6/11/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-13-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (City, town, or county) Md.		24F. LOCATION (City, town, or county) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1951		REGISTRAR'S SIGNATURE William Frey		25. FUNERAL DIRECTOR ADDRESS Wm. H. Hensley, 512 W. Biddle St.	

VS 150

510005190

50



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

c. Length of stay in Baltimore

d. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E982X₁

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia and
DUE TO Pericarditis due to
(B) STAB Wound of Chest.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21f. HOW DID INJURY OCCUR? Stabbed in
altercation - Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED
June 10, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

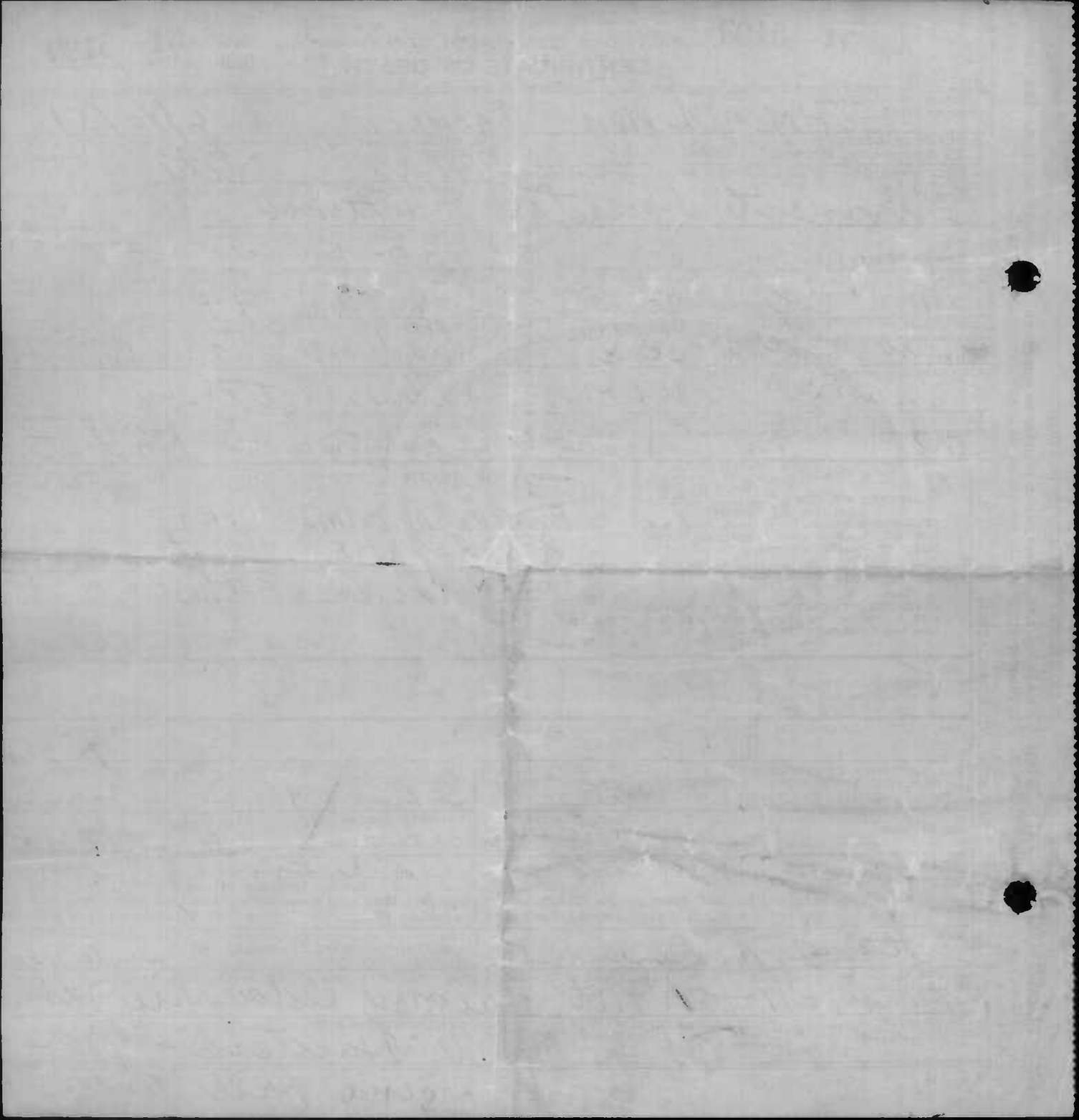
VS 151

N-862.2

52P06A placid Hill Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M. 610

51 5200 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

51 5200
 Registered No.

BIRTH NO. 51-05089		2. DATE OF DEATH 6/10/51	
1. NAME OF DECEASED (Type or Print) MARY RITA MURPHY		4. USUAL RESIDENCE (Where deceased lived, if institution: residence & before admission) A. STATE Maryland B. COUNTY Baltimore	
3. PLACE OF DEATH: A. Baltimore City, Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5200	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		D. STREET ADDRESS (If rural, give location) 7855 Belair Road	
C. Length of stay in Baltimore 2 Yrs. Mos. Days			
5. SEX F	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 3, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baby		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John G. Murphy		14. MOTHER'S MAIDEN NAME Gertrude M. Stark	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. John G. Murphy		ADDRESS 7855 Belair Rd.	
18. 228X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemangioid thrombosis DUE TO (A) ... ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) ... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) ...		INTERVAL BETWEEN ONSET AND DEATH 2mo.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or out of home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-14, 1951, to 6-10, 1951, that I last saw the deceased alive on 6-10, 1951, and that death occurred at 5:27 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Frank J. Ruck M.D.		23B. ADDRESS Mercy Hospital	
23C. DATE SIGNED 6/10/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-11-51	24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1951		REGISTRAR'S SIGNATURE L. J. Ruck	
25. FUNERAL DIRECTOR L. J. Ruck		ADDRESS 5305 Hartford Road. #14	

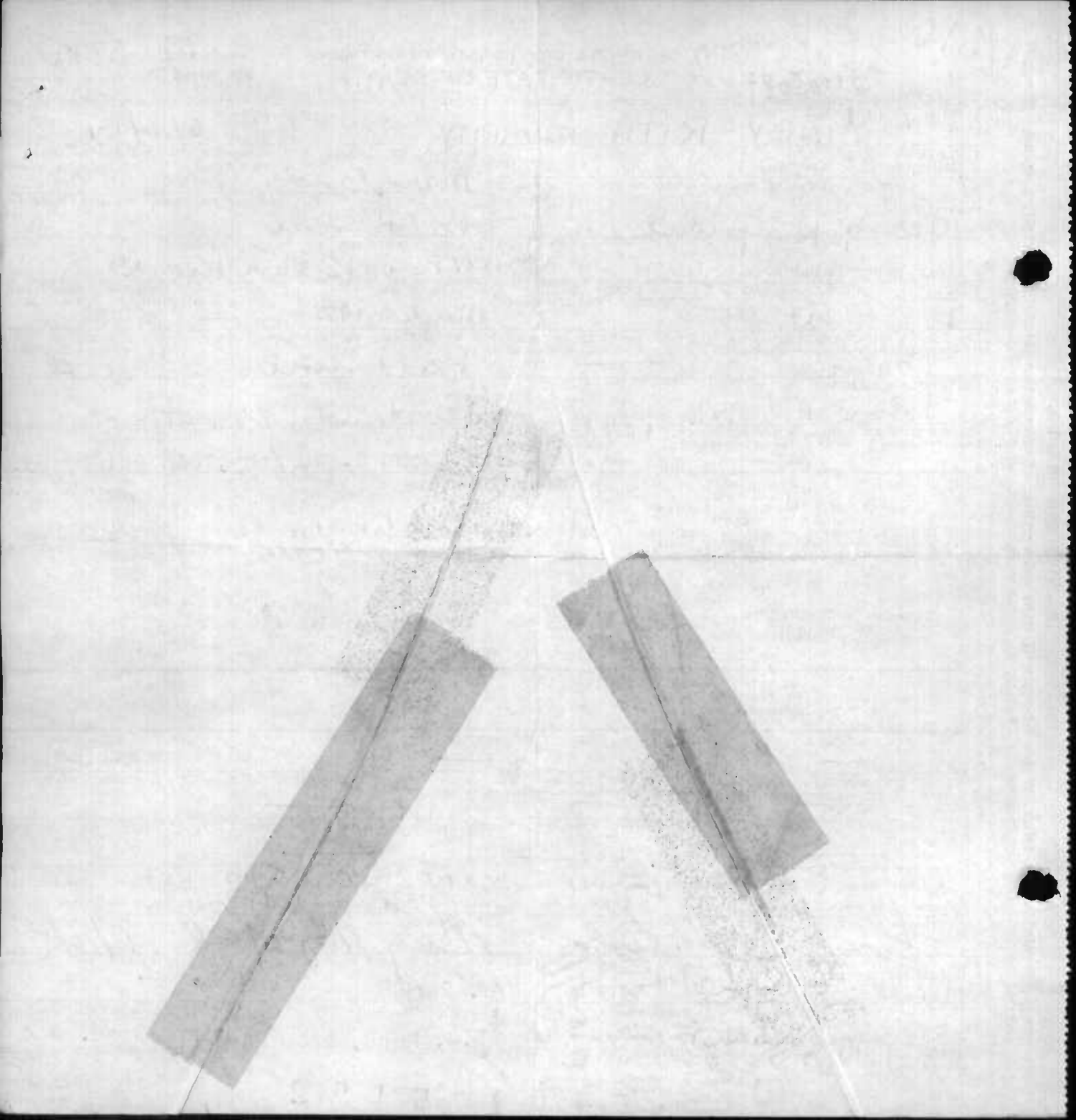
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

56E

10005192



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5201
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter

Wassell

2. DATE
OF
DEATH

6/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3014 Mc Elderry St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-17

D. STREET ADDRESS (If rural, give location)

5348 Maple Ave.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 17-1886

9. AGE (In years

last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Jockeyman

10B. KIND OF BUSINESS OR INDUSTRY

Laying Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

215-12-7226

17. INFORMANT

ADDRESS

Mrs. Margaret Wassell same

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) arteriosclerotic heart

DUE TO

disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. S. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED 6/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-11-51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Bluff

24D. LOCATION (City, town, or county)

Annapolis, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. J. Luck

25. FUNERAL DIRECTOR

J. J. Luck

ADDRESS

5305 Hartford Rd.

VS 151

5523024 5193

93D

V

12, 1913

51 5202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5202
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*John H. Carter*2. DATE
OF
DEATH*June 9, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

611 So. Green Street
30

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 22-02

D. STREET ADDRESS (If rural, give location)

611 So Green Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-23-1900

9. AGE (in years last birthday)

51

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Solvent

10. KIND OF BUSINESS OR INDUSTRY

Washington, Maryland

11. BIRTHPLACE (State or foreign country)

New Port News Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John H. Carter Sr

14. MOTHER'S MAIDEN NAME

Elizabeth Holme

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*yes**World I*

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Ida Ford Carter 611 S. Green St*18. *600.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertension Cor line

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

acute Pyelonephritis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 21, 1951* to *June 8, 1951*, that I last saw the deceased alive on *June 8, 1951*, and that death occurred at *3:00* am., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Williams

23B. ADDRESS

1111 E. Lee St

23C. DATE SIGNED

6/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-13-1951

24C. NAME OF CEMETERY OR CREMATORY

Mount Lion Cemetery

24D. LOCATION (City, town, or county)

Baltimore City, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Dr. J. J. Williams, M.D.

25. FUNERAL DIRECTOR

Joseph A. Lively

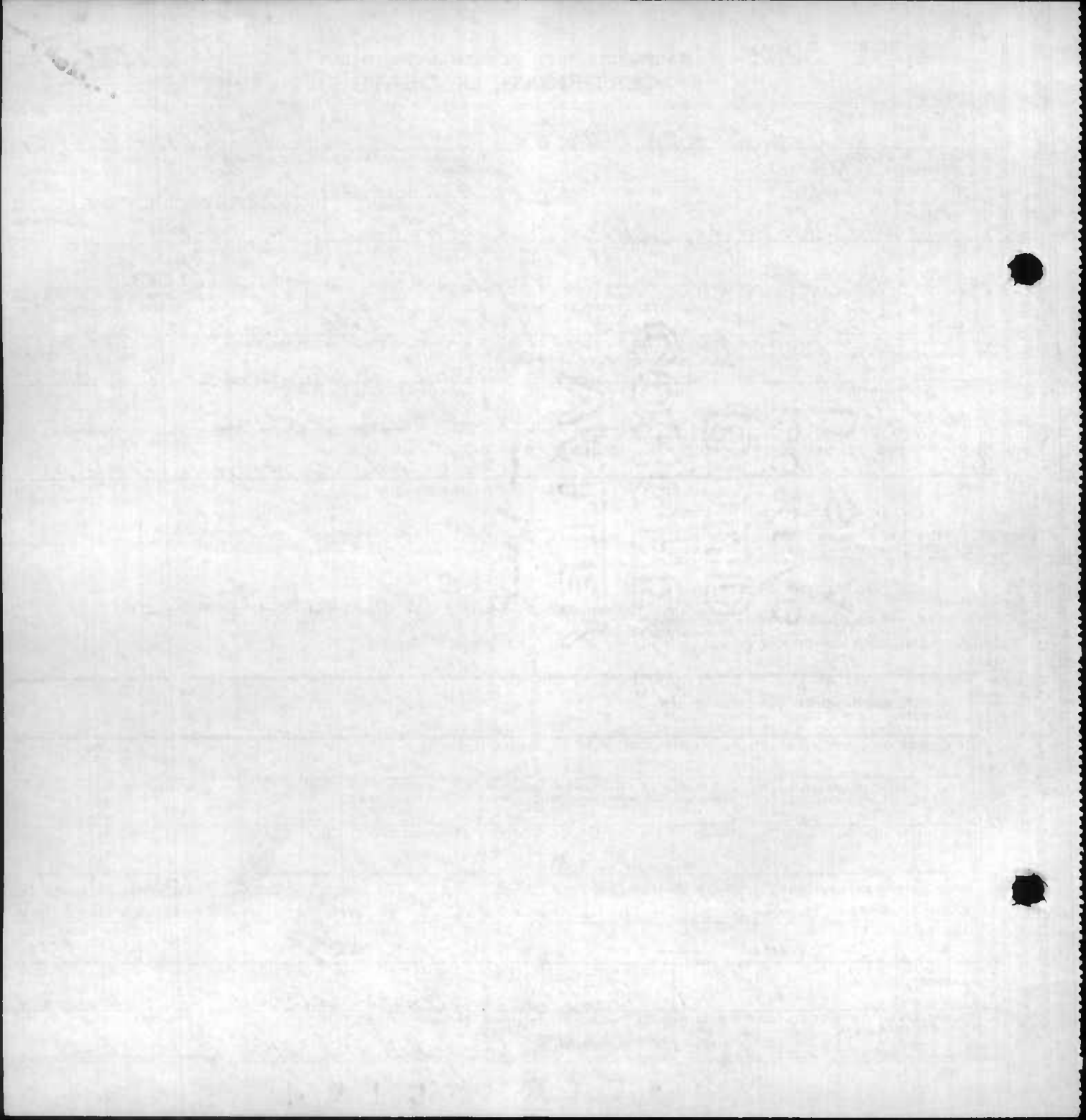
ADDRESS

661 W. Bane Street

VS 150

1951 JUN 11 1951 51 04

133a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 5203

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bernard F. Linsenmeyer - LINSENMEYER

2. DATE
OF
DEATH

6-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

7516 Brightside Ave 5300

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 19 1900

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Master Mechanic

10B. KIND OF BUSINESS OR
INDUSTRY

CROWN-CORK & SEAL

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
(WHAT COUNTRY?)

USA

13. FATHER'S NAME

George Linsenmeyer

COAL PAND (A)

14. MOTHER'S MAIDEN NAME

Barbara Schwartz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

112-09-8037

17. INFORMANT

ADDRESS

Patient - from Records

18.

420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction

3 days

DUE TO

ANTECEDENT CAUSES

(B)

Coronary occlusion

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Arteriosclerotic Heart Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1951, to June 8, 1951, that I last saw the deceased alive on June 8, 1951, and that death occurred at 6:30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Karl Moore

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

6-8-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

June 12-1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore City

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 11 1951

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mr. Mrs. John R. Guehl, 5311 Edmondson

CLINICAL RECORD OF DENTISTRY

DATE OF EXAMINATION

NAME OF PATIENT

AGE

SEX

ADDRESS

CITY

STATE

COUNTRY

DATE OF BIRTH

DATE OF DEATH

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

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DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

DATE OF EXAMINATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5204

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN J. QUEENEY

2. DATE
OF
DEATH

JUNE 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE, MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONMARYLAND GENERAL
HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give
BALTIMORE, MD. township)

D. STREET ADDRESS (If rural, give location)

5216 CROWSON AVE; #12

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Sept. 7, 1893

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: Days: Hours: Min.If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BAR TENDER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

JAMES QUEENEY

14. MOTHER'S MAIDEN NAME

MARY KERR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Marguerite Queeney (same address)

18.

E96210
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) pulmonary Embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

CERTIFICATION APPROVED BY

Stanley K. Ouellette
M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

6/4/51

19B. MAJOR FINDINGS OF OPERATION

Removal of bone plate from left femur

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

5216 Crowson Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

1-27-50 7:30 P.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

tripped & fell down three
stairs.22. I hereby certify that I attended the deceased from 6/2/1951, to 6/8/1951, that I last saw the
deceased alive on 6/8/1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Labeek Bakhair

M. O.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

6/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/12/51

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Cem.

24D. LOCATION (City, town, or county)

Govans

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 11 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

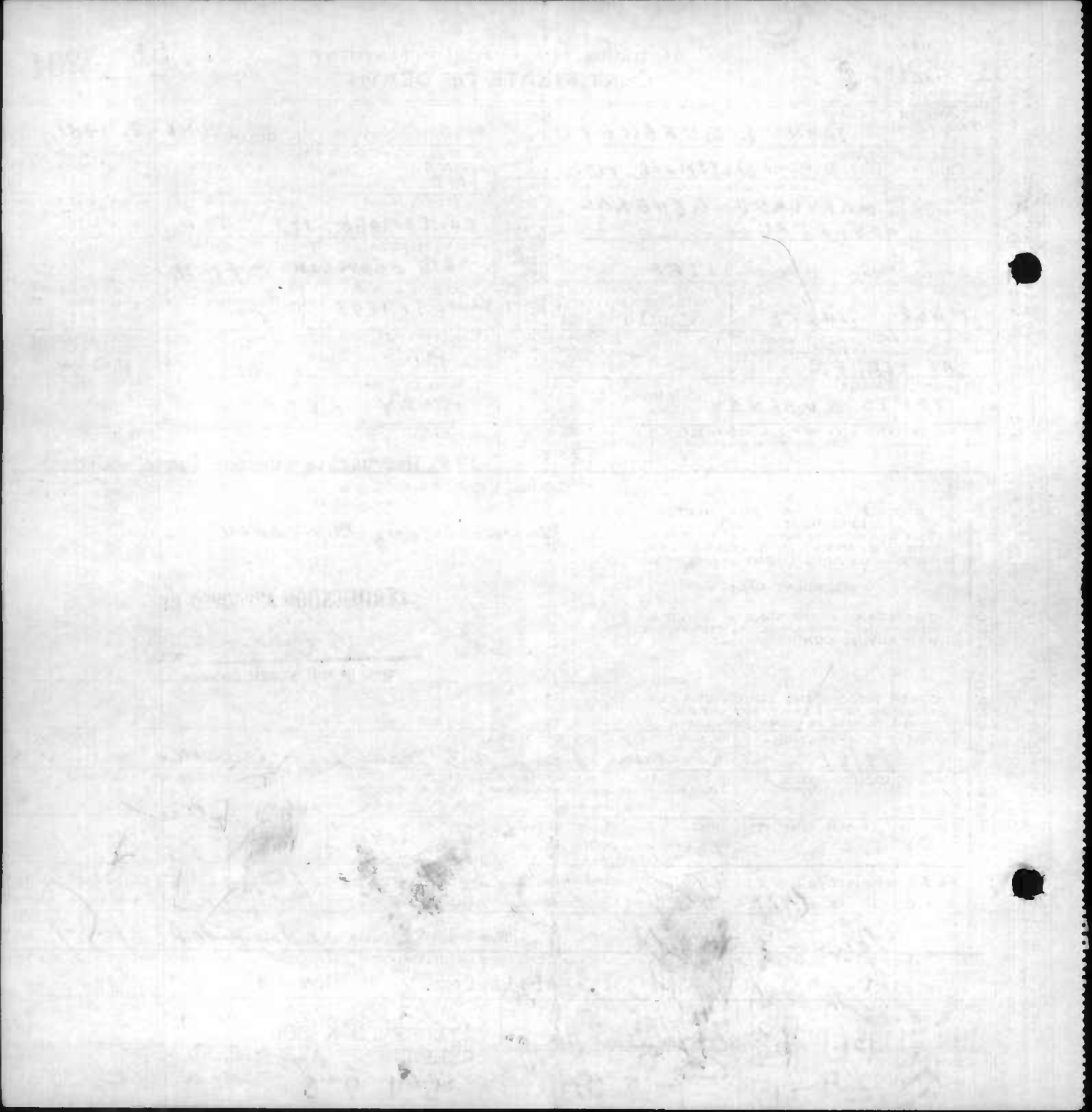
WIEDEFELD & SON

ADDRESS

GREENMOUNT AVE & 22ND

VS 150

To be approved by Medical Examiner 111a
N-821.9 7506 M 5 111a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5205

BIRTH NO. 51 5205

1. NAME OF DECEASED
(Type or Print)

EDWIN R. STRONG

2. DATE
OF
DEATH

June 9 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write R.F.A., and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5203 Powhatan St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

Oct. 6, 1899

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edwin D. Strong

14. MOTHER'S MAIDEN NAME

Mollie T. Barnkol

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

218-01-2324 Edwin D. Strong 5203 Powhatan St.,

17. INFORMANT

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

8 hrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. S. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

6/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-12-1951

24C. NAME OF CEMETERY OR CREMATORY

Salem Lutheran

24D. LOCATION (City, town, or county)

Catonsville,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

JUN 11 1951

VS 151

516424 05197

83a ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5206**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Bessie E. Reese*2. DATE
OF
DEATH*6/9/57*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Lutheran Hosp. of Md.*

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

(WIDOWED, DIVORCED (Specify))

8. DATE OF BIRTH

*10/24/1886*9. AGE (In years
last birthday)*67*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Owner*10B. KIND OF BUSINESS OR
INDUSTRY*Reese Press*

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

Benjamin F Baer

14. MOTHER'S MAIDEN NAME

*Nettie Little*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.*unknown*

17. INFORMANT

ADDRESS

*Mr. LeRoy Rogers 15 S. Bellgrove Ave*18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Cerebro-vascular accident**1 day*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension C-V Dis.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Generalized arteriosclerosis; Obesity*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/8*, 19*51*, to *6/9*, 19*51*, that I last saw the
deceased alive on *6/9*, 19*51*, and that death occurred at *1225 P m.*, from the causes and on the date stated above.

23A. SIGNATURE

Joseph D. Lichtenberg

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

*6/9/51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

6/12/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

*Baltimore Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John T Stansbury

25. FUNERAL DIRECTOR

ADDRESS

John T Stansbury "700 Edmondson Ave.

STATE OF NEW YORK
CERTIFICATE OF DEATH

County of _____

City of _____

State of _____

Age _____

Sex _____

Color _____

Marital Status _____

Occupation _____

Education _____

Religion _____

Place of Birth _____

Date of Birth _____

Time of Death _____

Place of Death _____

Signature of _____

S-360
51 5207BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5207
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna M. Souder

2. DATE
OF
DEATH

June 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

129 South London Avenue

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

129 South London Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 16, 1875

9. AGE (In years last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adolph Wess

14. MOTHER'S MAIDEN NAME

Mary A. Holtzlein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Bertha Kadwitch, 129 S. Loudon

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8, 1951, to 6/9, 1951, that I last saw the deceased alive on 6/9, 1951, and that death occurred at 6-0 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-13-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

L. J. Ruck, 5305 Harford Road, #14

VS 150

510005199

94a

MARGIN RESERVED FOR BINDING
PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

WALLS

COASTS

WALLS

WALLS

WALLS

WALLS

WALLS

WALLS

WALLS

WALLS

WALLS

WALLS

WALLS

WALLS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5208**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARSHA McCAGHREN

2. DATE OF DEATH

6-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SINAI Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MARYLAND** COUNTY **BALTO.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO. MD TOWSON

D. STREET ADDRESS (If rural, give location)

7402 KNOXWOOD Rd. 5200

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

12-29-37

9. AGE (In years last birthday)

13

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School girl

10B. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Columbus, Ohio

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Alfred W. McCaghren

14. MOTHER'S MAIDEN NAME

Helen Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

A.W. McCaghren, Towson, Maryland

18.

751X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Chronic Pyelonephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Meningo Myelocoele.

(C)

Renal Cong. Birth Anomaly

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-9** 19**51** to **6-10** 19**51**, that I last saw the deceased alive on **6-10** 19**51** and that death occurred at **3:45** m., from the causes and on the date stated above.

23A. SIGNATURE

Shirley Turner

M. D.

23B. ADDRESS

44 Sinai Hosp

23C. DATE SIGNED

6-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

June 11, 1951

24C. NAME OF CEMETERY OR CREMATORY

Shroyer Funeral Home

24D. LOCATION (City, town, or county) (State)

Columbus, Ohio

DATE RECEIVED BY LOCAL REGISTRAR

JUN 11 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

John Burns' Sons, Towson, Maryland

[Faint, mostly illegible text spanning the main body of the page, appearing to be a list or series of entries.]

[Faint text at the bottom of the page, possibly a footer or concluding remarks.]

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

0-262

51 5209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5209
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PALME JOEL OSCARSON

2. DATE
OF
DEATH

6-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Rural

D. STREET ADDRESS (If rural, give location)

6819 Blenheim Road 5209

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 10, 1896

9. AGE (in years last birthday)

54

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Language School

11. BIRTHPLACE (State or foreign country)

Colorado

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Anders O. Peterson

14. MOTHER'S MAIDEN NAME

Hilda Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

Yes (If yes, give war or dates of service)

World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Record

18. 420.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ARTERIOSCLEROTIC HEART D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-10, 1951, to 6-10, 1951, that I last saw the deceased alive on 6-10, 1951, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

23B. ADDRESS

Union Memorial Hospital 6-10-51

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal June 11 1951

New Haven Conn

DATE RECEIVED BY LOCAL REGISTRAR

JUN 11 1951

25. FUNERAL DIRECTOR

ADDRESS

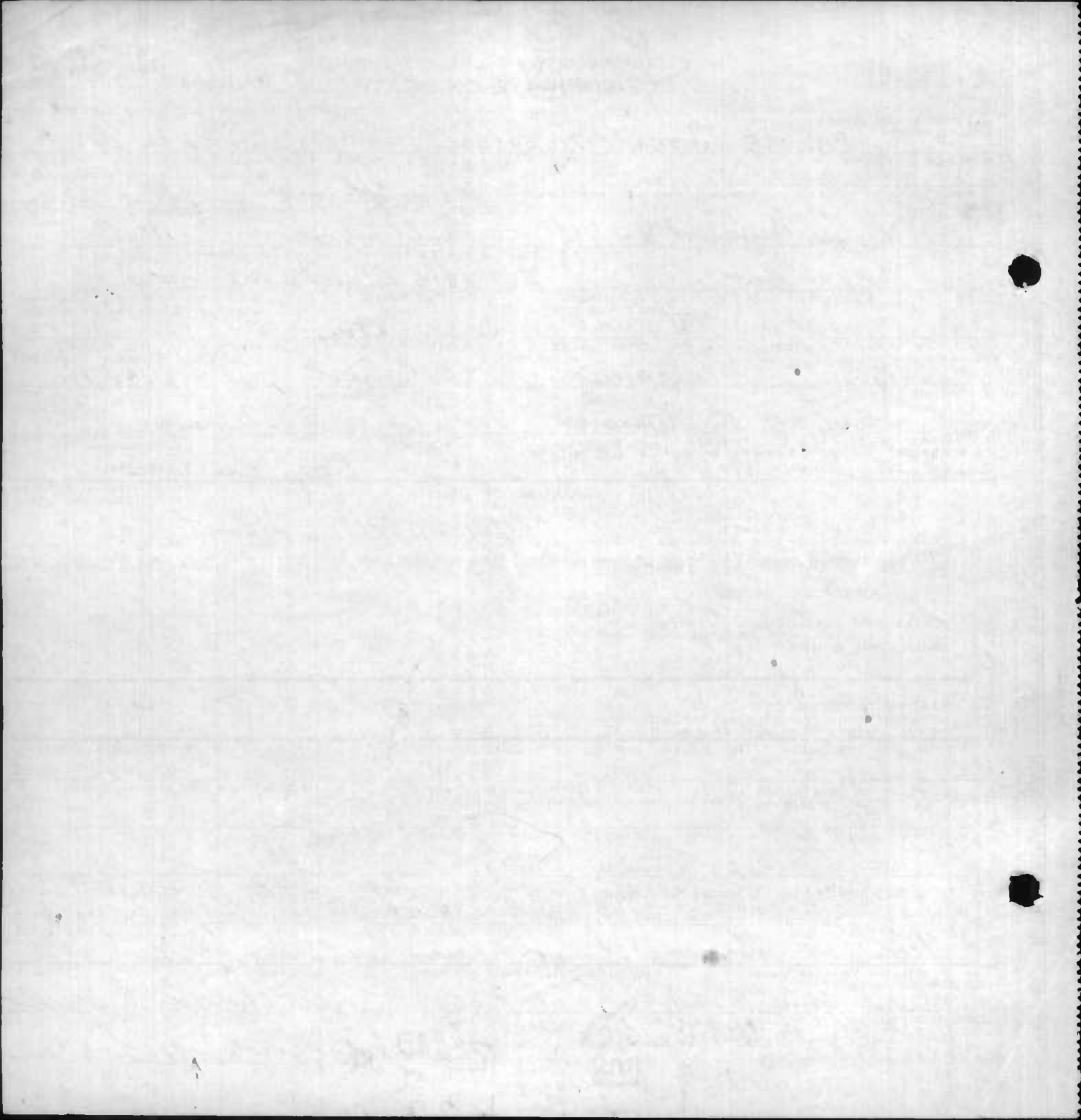
H. W. Jenkins, Sons Co 4905 York Rd.

VS 150

100.938V

5 2 0

93D



GIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Trans: please write the causes of death clearly and fully.

B-1 653 51 5210

BEHREND
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5210
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Rose Behrend</i>		2. DATE OF DEATH <i>June 10/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3208 Garrison Blvd</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>3208 Garrison Blvd</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>55</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) <i>Balt. Md 15-09</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>3208 Garrison Blvd</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Oct 19/1875</i>	9. AGE (In years, last birthday) <i>75</i>	If Under 1 Year: Months: Days <i>7 22</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balt. Md</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Caron Behrend</i>		14. MOTHER'S MAIDEN NAME <i>James Cohn</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Hettie Behrend 3208 Garrison Blvd</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute suppurative infection of coronary arteries</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>10 Wks</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
(B) DUE TO					
(C) DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 3</i> 19 <i>51</i> , to <i>6/10/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>June 10/51</i> , and that death occurred at <i>8:40 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Green 31/51</i>		23B. ADDRESS <i>2320 Eutaw Rd</i>		23C. DATE SIGNED <i>6/11/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 12/1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>		25. FUNERAL DIRECTOR <i>J. Ahrens & Co.</i>		ADDRESS <i>2430 Reister Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 11 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams, M.D.</i>		FUNDAL DIRECTOR <i>94a</i>	

VS 150

51 000 5202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51 5211**B-420
51 5211

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDITH J. BLAKE

2. DATE
OF
DEATH

June 10, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

16 W. 25th St.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

16 W. 25th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

May 24, 1863

9. AGE (In years last birthday)

88

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School Teacher (rtd)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Blake

14. MOTHER'S MAIDEN NAME

Flavilla Marriott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Miss Ruth Johnson - 3412 Guilford Terr.

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Arteriosclerotic Cardiovascular disease.

(B)

DUE TO

Mitral and aortic insufficiency

(C)

gradual onset
months.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19th Mar, 1951, to 10 June, 1951, that I last saw the deceased alive on 10 June, 1951, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE

Joseph E. Muse Jr.

23b. ADDRESS

5 West 29th St. (18)

23c. DATE SIGNED

11 June '51

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

6/12/51

24c. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Dickerson & Sons

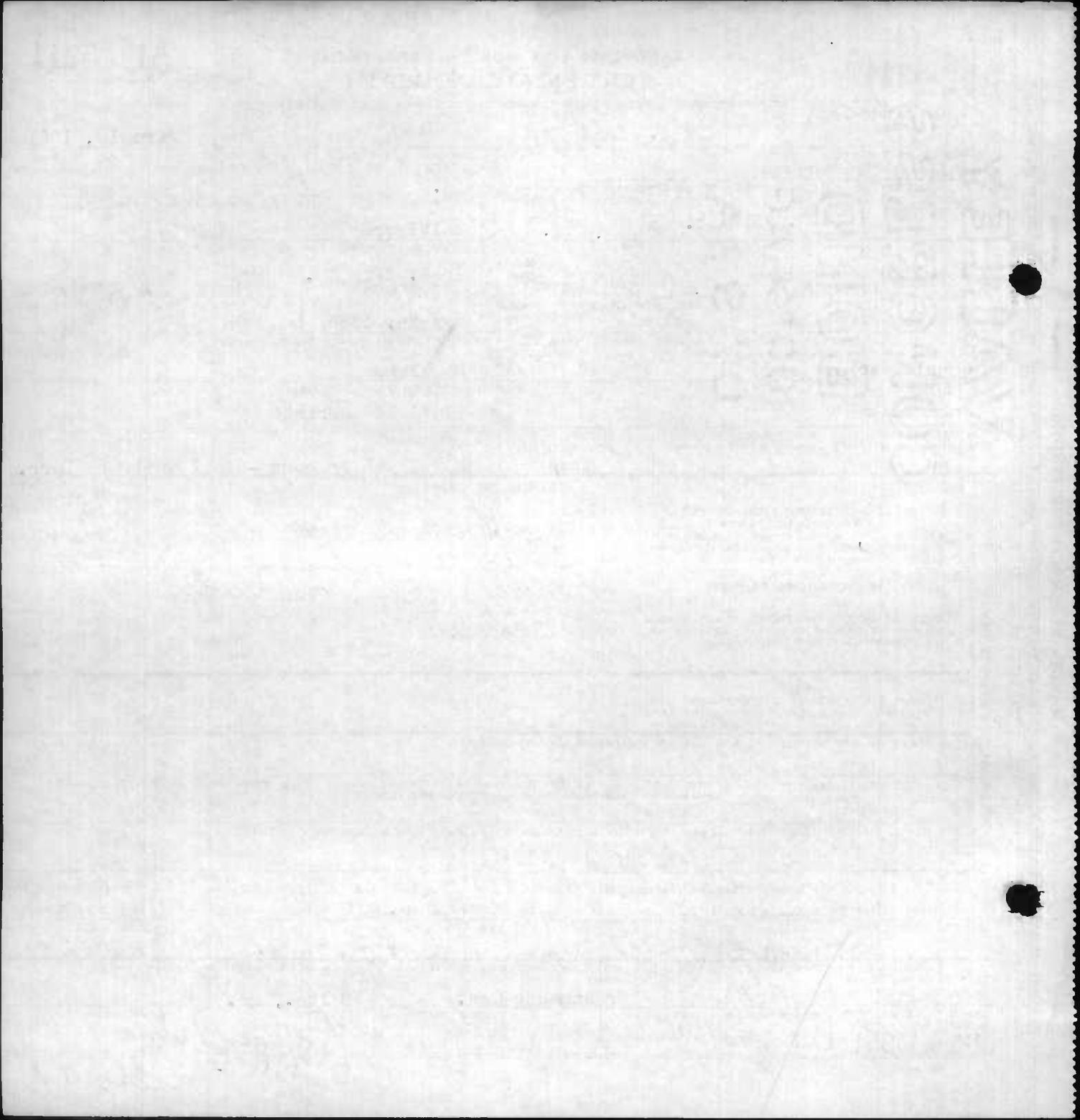
25. FUNERAL DIRECTOR

ADDRESS

JUN 11 1951

VS 150

51 5211 92 B Balto Md.



The correct age is usually important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5212 Registered No. 51 5212

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lee, Rida Lillian

2. DATE
OF
DEATH

June 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

St. Joseph's

C. CITY OR TOWN

Maryland

Baltimore

D. STREET ADDRESS (If rural, give location)

923 N. Kresson St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 7, 1877

9. AGE (In years
last birthday)

74

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Wife.

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael J. Connor

14. MOTHER'S MAIDEN NAME

Mary J. Monk

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS Balto. 5

Mr. Allan Lee Sr. 923 N. Kresson St. Md.

18. 561.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gangrene of ileum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Internal hernia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/18/51 6/6/51

19B. MAJOR FINDINGS OF OPERATION

Gangrene, ileum

(2)

Ileal fistula

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1951, to June 9, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

1388 Pelzer M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

June 9, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Jun 11 1951

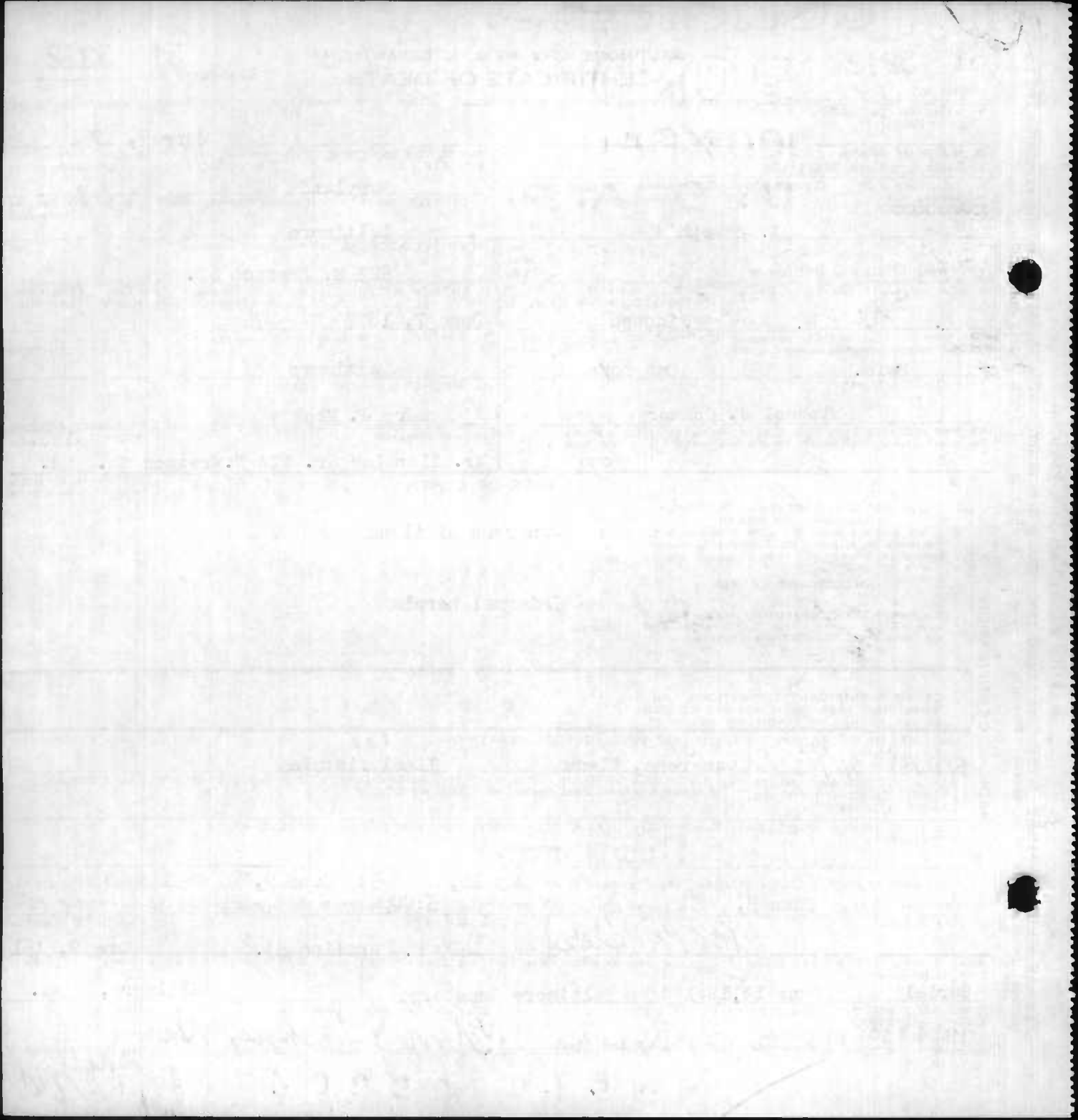
25 FUNERAL DIRECTOR

ADDRESS

122a

VS 150

51 000 5204



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5213**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DORIE EDGAR KOONS

2. DATE OF DEATH **June 10, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD.** B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **2322 Rosedale St.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **15-47**D. STREET ADDRESS (If rural, give location)
2322 Rosedale St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 2, 1871

9. AGE (in years last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Grocer10B. KIND OF BUSINESS OR INDUSTRY
Own Grocery11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob Koons

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Theodore Koons - 2640 E. Hoffman St.

18.

177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Carcinoma of Prostate**
DUE TOINTERVAL BETWEEN ONSET AND DEATH
4 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept 19 1947** to **June 9, 1951**, that I last saw the deceased alive on **June 9, 1951** and that death occurred at **1:30** m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/13/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

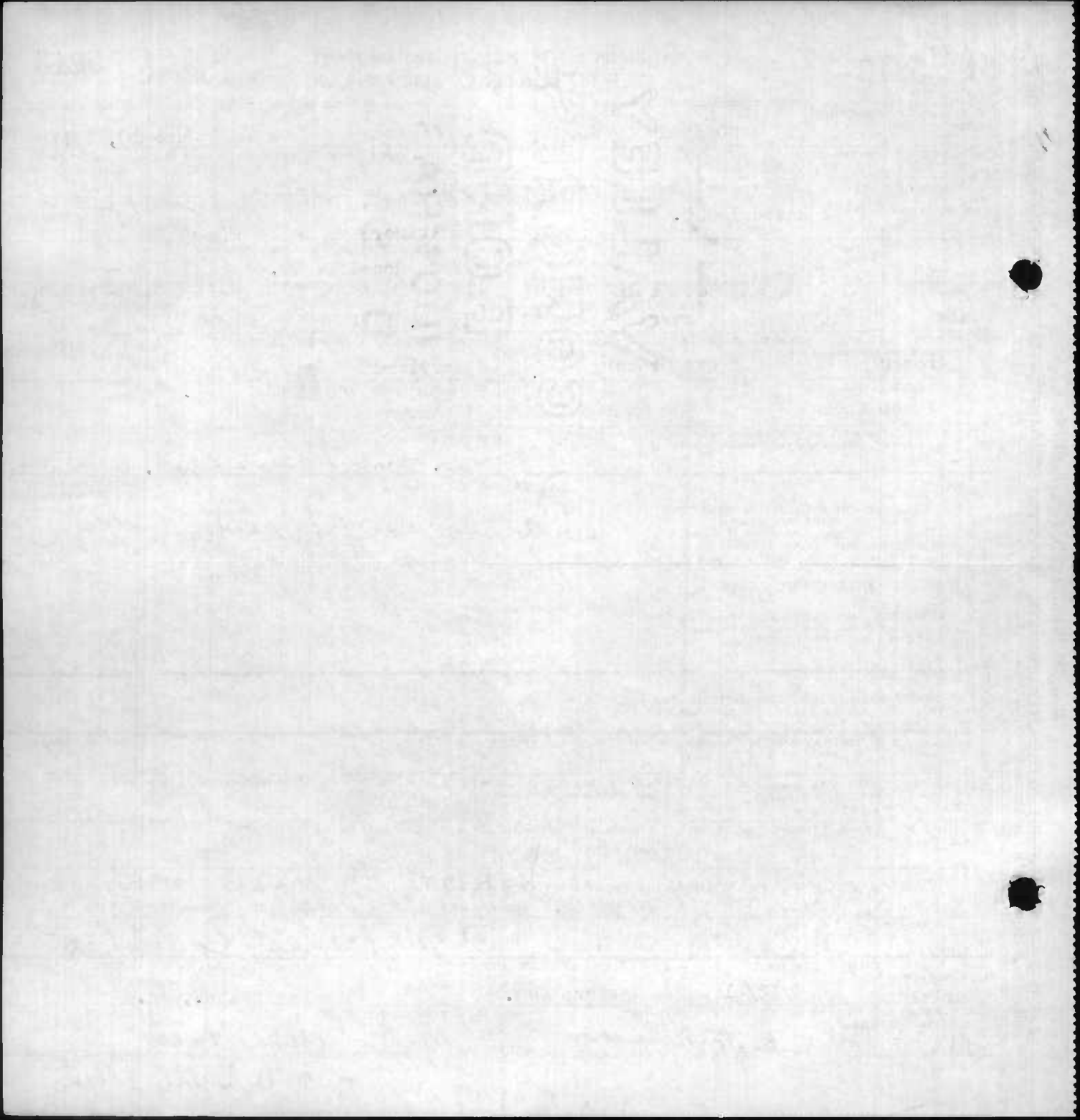
25. FUNERAL DIRECTOR

ADDRESS

JUN 11 1951

Wm. J. Williams, M.D.

Wm. J. Pickens, Jr.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5214**

BIRTH NO. 51 5214		1. NAME OF DECEASED (Type or Print) Effie M. Houck.		2. DATE OF DEATH June 9, 1951	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY 12-07		C. CITY OR TOWN (If outside corporate limits, write R.U.R. L. and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 412 W. 25th St.		D. STREET ADDRESS (If rural, give location) 412 W. 25th St.		Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX Female			
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced.		8. DATE OF BIRTH Nov. 6, 1879	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -		9. AGE (in years last birthday) 71	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Frank B. McEann 2702 Huntington Ave.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio Sclerosis		(B) DUE TO		Indef.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. And Chronic Myocarditis		(C) DUE TO		Indef.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 10, 1949 to June 9, 1951 , that I last saw the deceased alive on June 9, 1951 , and that death occurred at 1:02 p.m. from the causes and on the date stated above.					
23A. SIGNATURE Paul C. Chomietz		23B. ADDRESS 115 W. 25th St.		23C. DATE SIGNED June 11, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/12/51		24C. NAME OF CEMETERY OR CREMATORY St Mary's	
24D. LOCATION (City, town or county) (State) Hampden		25. FUNERAL DIRECTOR Paul C. Chomietz		ADDRESS 365-11	
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1951		REGISTRAR'S SIGNATURE Wm. J. Williams		VS 150	

510005206 93D

68

69

84

130

1-

531

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

N- 242
51 5215

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5215

1. NAME OF DECEASED (Type or Print) Sister Mary Vincent (Nichols,)			2. DATE OF DEATH June 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 75 Sacred Heart Mission Center 12 S. Woodington Road			C. CITY OR TOWN (If outside corporate limits, write full name of township) Baltimore,		
c. Length of stay in Baltimore 14 Yrs. 14 Days			D. STREET ADDRESS (If rural, give location) 12 S. Woodington Road.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 30, 1869	9. AGE (in years last birthday) 81	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nun (Religious)		10B. KIND OF BUSINESS OR INDUSTRY Convent	11. BIRTHPLACE (State or foreign country) Germantown, Penna.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Philip Nichols			14. MOTHER'S MAIDEN NAME Catherine Cannon.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Convent, 12 S. Woodington Rd.		

18. 760X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DEGENERATIVE C. V. D. DUE TO Diabetes Mellitus DUE TO Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 mon
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1951 , to June 10, 1951 , that I last saw the deceased alive on June 19, 1951 , and that death occurred at 6:00A. m. , from the causes and on the date stated above.					
23A. SIGNATURE James G. Howell M. D.		23B. ADDRESS Calona Weiss		23C. DATE SIGNED 6/ 15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE June 12, 1951		24C. NAME OF CEMETERY OR CREMATORY Convent Cemetery,	
24D. LOCATION (City, town, or county) (State) 1001 W. Joppa Rd. Towson, Md.		25. FUNERAL DIRECTOR ADDRESS G. Vernon Lemmon, 4611 Park Heights Ave.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.		VS 150	

10510005207

61

Mr. James H. Bell
715 Franklin Rd.
Ga 4052
from 1:30 P.M.

A-530 51 5216

51 5216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Aureus Amoiti

2. DATE
OF DEATH June 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mt. Sinai Home,
4613 Park Heights Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

1506 1/2 N. Gay St.

c. Length of stay in Baltimore

60

Yrs.

Mo. XXX

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 20, 1880

9. AGE (in years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter & Foreman.

10B. KIND OF BUSINESS OR INDUSTRY

House Construction

11. BIRTHPLACE (State or foreign country)

Canada.

12. CITIZEN OF
WHAT COUNTRY?

unknown

13. FATHER'S NAME

Napoleon Amoiti

14. MOTHER'S MAIDEN NAME

Victoria (last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
unknown

17. INFORMANT

ADDRESS

Mrs. Violet T. Amoiti, 1506 1/2 N. Gay St.

18.

4/20.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Coronary Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Ch Coronary Disease

DUE TO

(C)

Acute Cerebral Embolus

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951 to June 10, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Hornstein

23B. ADDRESS

M. O.

204 E. Bridge St

23C. DATE SIGNED

6/11/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

June 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 11 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

B. Vernon Lemmon

4611 Park Heights Ave.

004 E Bille 81

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul E. Rosewag

2. DATE
OF
DEATH

6-10-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes' Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Yes

World War I

Mrs. Margaret Rosewag, 37 S. Hilton St.

18.

470.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A)
DUE TO(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4/30, 1951, to 6/10, 1951, that I last saw the
deceased alive on 6/10, 1951, and that death occurred at 3:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 13/51

Baltimore National

Baltimore 29, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 12 1951

Harry H. Witzke

4101 Edmondson Ave

4101 Edmondson Ave

2E0470 605202

94a

My dear Mr. [illegible]
[illegible]
[illegible]
[illegible]
[illegible]

Yours very truly
[illegible]

[illegible]

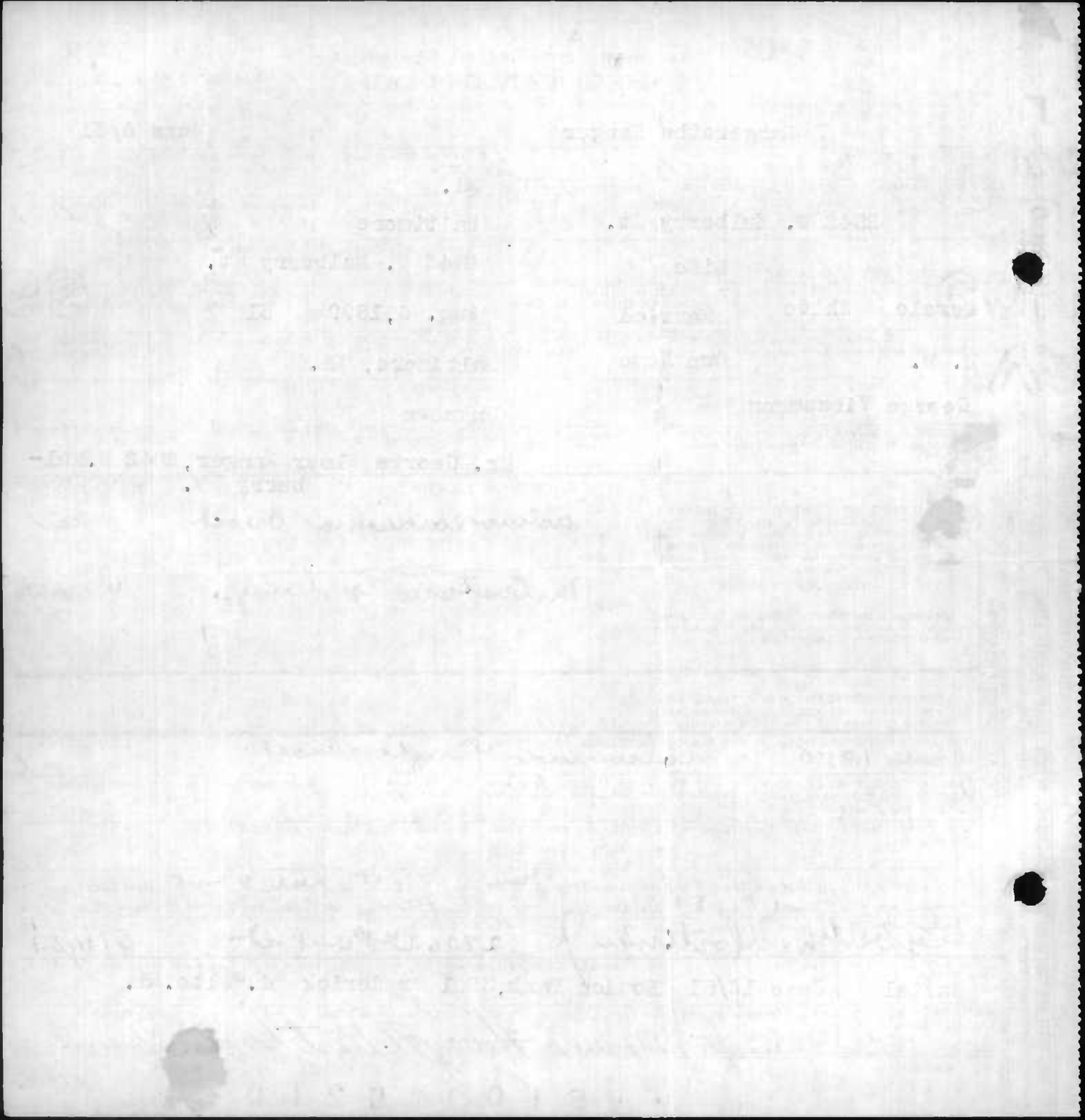
51 5218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5218
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Margaretha Manger		2. DATE OF DEATH June 8/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2842 W. Mulberry St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-02			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2842 W. Mulberry St.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 6, 1899	9. AGE (In years, birth day) 51	10 Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Viessmann		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. George Elmer Manger, 2842 W. Mul-	

18. 170x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) adeno carcinoma breast		CAUSE OF DEATH berry St.		INTERVAL BETWEEN ONSET AND DEATH 1 year	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. metastasis to lungs.		DUE TO (A) adeno carcinoma breast (B) metastasis to lungs. (C)		DUE TO 4 months	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Jan 1950		19B. MAJOR FINDINGS OF OPERATION carcinoma of right breast.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1945 to June 8, 1951 , that I last saw the deceased alive on June 8, 1951 and that death occurred at 9 a. m. from the causes and on the date stated above.					
23A. SIGNATURE E. B. H. Mortimer Jr.		23B. ADDRESS 2706 St Paul St		23C. DATE SIGNED 6/11/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 12/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park, 3801 Frederick Rd. Balto. Md.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1951		REGISTRAR'S SIGNATURE Harry H. Witzke	
VS 150		25. FUNERAL DIRECTOR Edmondson		ADDRESS 50 Ave.	

51 5218



M-600 51 5219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5219

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Murray (Edward Anderson Murray)

2. DATE
OF
DEATH

June 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Caton & Wilkens Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 23, 1882

9. AGE (in years
last birthday)

68 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore City

13. FATHER'S NAME

Edward M. Murray

14. MOTHER'S MAIDEN NAME

Virginia Carrio

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Evelyn Murray 504 Kingston Rd

18.

260X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 19, to 6/11, 19, that I last saw the
deceased alive on 6/10, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

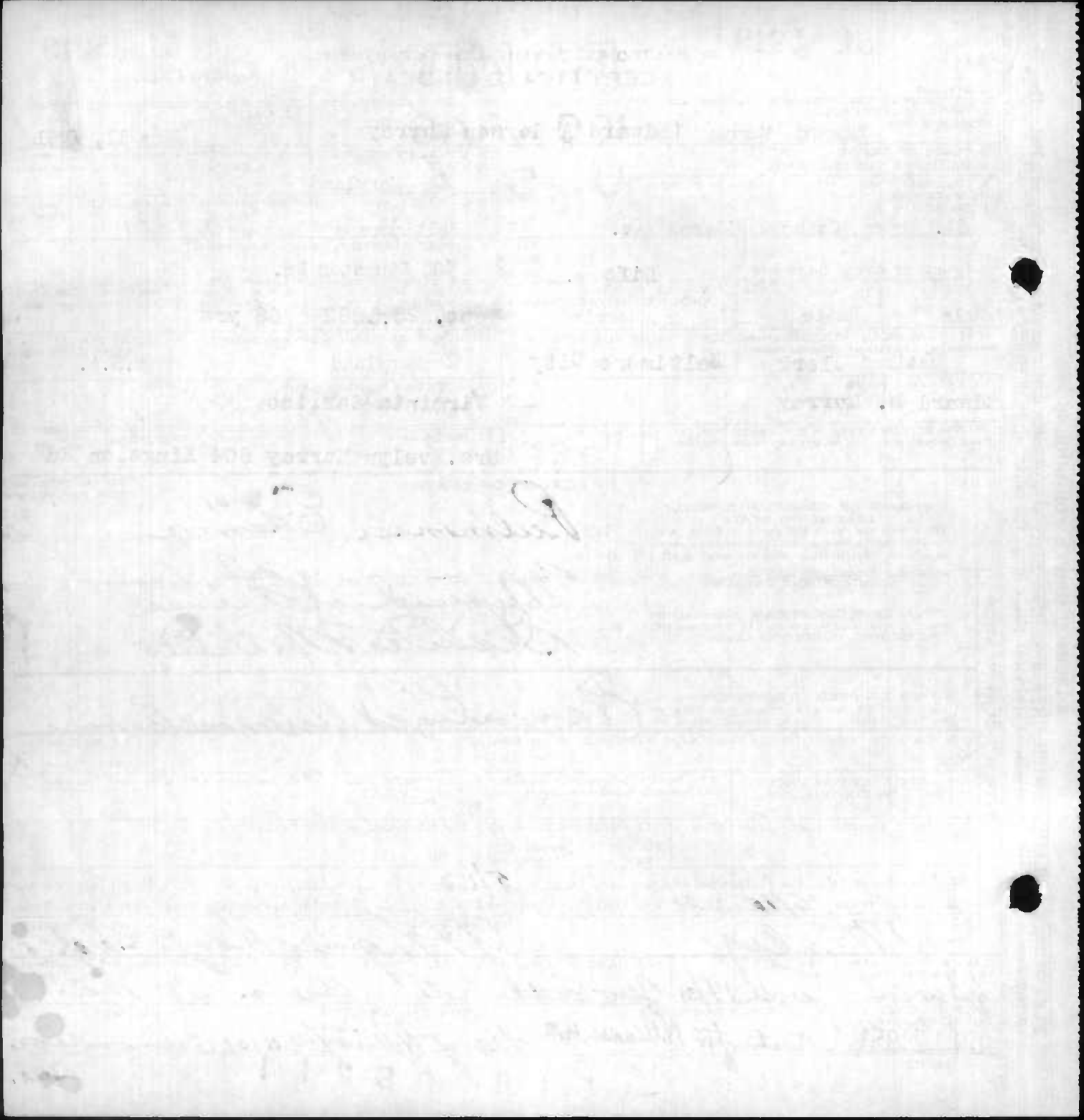
JUN 12 1951

VS 150

39088 005211

61

Rec.



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Queen Myers

2. DATE OF DEATH June 10, 1951
A. STATE B. COUNTY
(Where deceased lived. If institution: residence before admission)

3. PLACE OF DEATH:

A. Baltimore City, Maryland Franklin Square Hosp

B. FULL NAME OF HOSPITAL OR INSTITUTION
Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-10

D. STREET ADDRESS (If rural, give location)
5008 Ivanhoe Avenue

C. Length of stay in Baltimore 5 YRS.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
Own Home

8. DATE OF BIRTH

Sept. 6, 1925

9. AGE (In years last birthday)

26

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Austen Kerr

14. MOTHER'S MAIDEN NAME

Alice Treese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
—

17. INFORMANT

ADDRESS

AUBREY A. MYERS- ✓

18.

401.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH 5008 Ivanhoe Ave

(A) Acute Pulmonary edema.

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Acute Congestive Failure
Rheumatic Heart Disease
& mitral stenosis

3 days

(C)

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Pulmonary edema - Mitral stenosis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 6-10, 1951, and that death occurred at 9:50 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

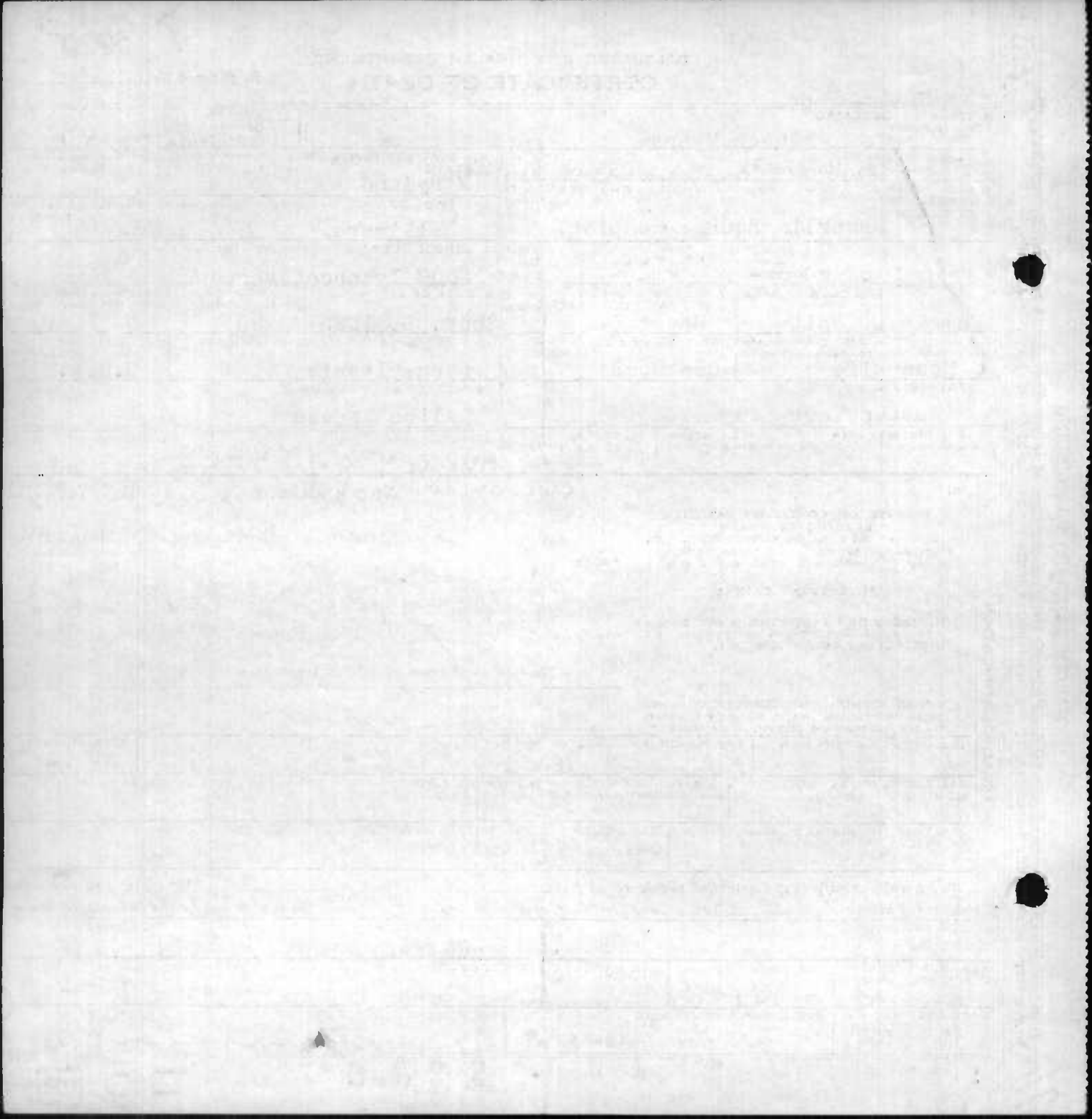
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

51481 Queen Oak Ave 92B



250. 51 5221

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5221

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY STEUART JACKSON

2. DATE
OF
DEATH

June 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY (before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3210 Walbrook Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

3210 Walbrook Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 28, 1863

9. AGE (in years
last birthday)

88

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Virgil Gantt

14. MOTHER'S MAIDEN NAME

Mary Jane Steuart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Miss Margaret Jackson - 3210 Walbrook Ave

18. 470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 hour.

2 yrs.
3 mos.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep. 8, 1948, to June 9, 1951, that I last saw the
deceased alive on June 9, 1951, and that death occurred at 12:34 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/12/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

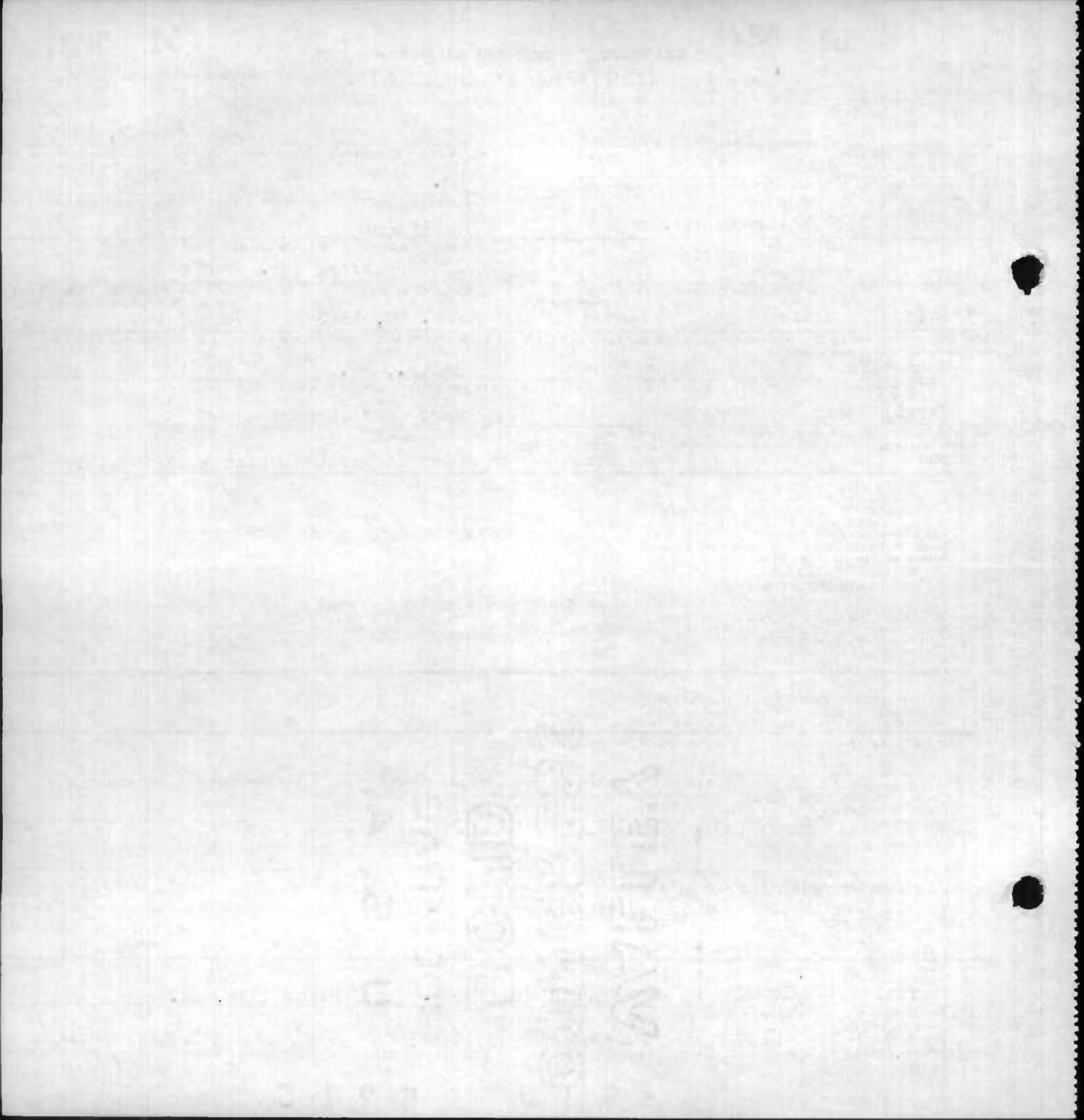
JUN 12 1951

Wm. J. Lickens & Sons - Balto

932

VS 150

19510005213



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5222
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SUSAN HAYES

2. DATE
OF
DEATH

June 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 11-03

D. STREET ADDRESS (If rural, give location)

214 N. Madison St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov 22 1869 80

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

John S. Hayes

14. MOTHER'S MAIDEN NAME

Susan Gordon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Harold K. Hayes

ADDRESS

Same

18.

198.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intra-abdominal malignancy, probably glandular.

About one yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes Mellitus.

About 7 months.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardio-vascular disease

10 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/31/39, 19__, to 6/9/51, 19__, that I last saw the deceased alive on 6/9/51, 19__, and that death occurred at 11:45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Thorn R. Garrett

23B. ADDRESS

11 East Chase St., City-2.

23C. DATE SIGNED

6/11/51.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 12, 1951

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 12 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

H. J. Jenkins, 490 York Rd.

ADDRESS

Dr. Janet
11 E. Chase St

51 5223

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5223

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas M. Willey

2. DATE
OF
DEATH

June 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

42

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

6-02

D. STREET ADDRESS (If rural, give location)

2605 Orleans Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 24, 1884 67

9. AGE (in years
last birthday)If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Guard

10B. KIND OF BUSINESS OR
INDUSTRY

Gen. Motors Chev. Plant

Virginia

13. FATHER'S NAME

George Willey

14. MOTHER'S MAIDEN NAME

Sarah Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-10-418A

17. INFORMANT

ADDRESS

Ralph R. Willey, 2605 Orleans St.

18.

416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congestive heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Rheumatic heart disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1951, to June 10, 1951, that I last saw the
deceased alive on June 10, 1951, and that death occurred at 11:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Leymour H. Reelin

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

June 11, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/15/51

24C. NAME OF CEMETERY OR CREMATOR

Madowridge

24D. LOCATION (City, town, or county)

Elderidge, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 12 1951

REGISTRAR'S SIGNATURE

R. M. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

W. M. Cook, Inc., 1217 E. Paul St.

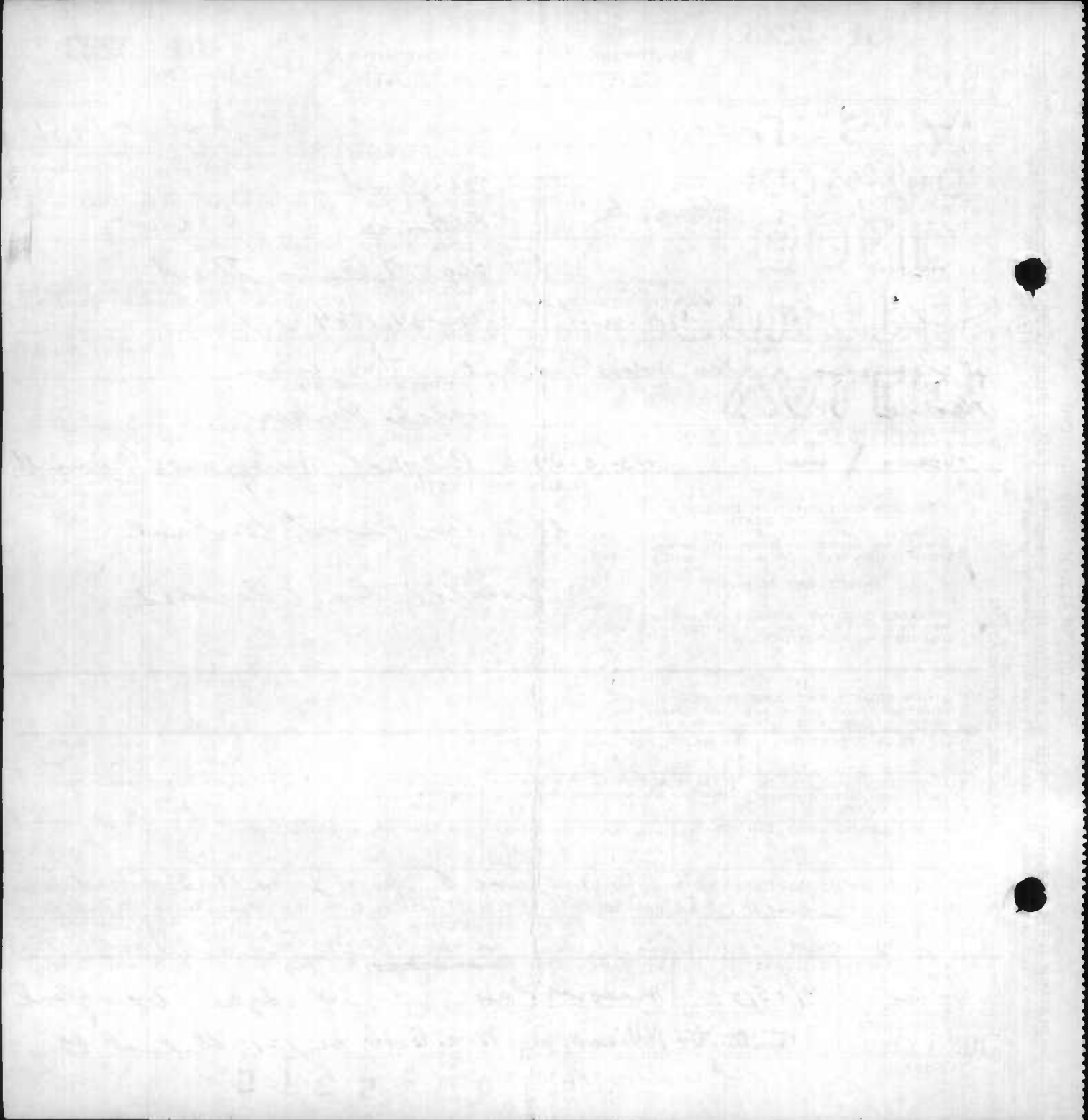
VS 150

1 9 26 B 300 0 5 2 1 5

9513

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



51 5224

51 5224

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Edna K. Schaefer

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore 9-08
1906 Kennedy Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

11-21-24

9. AGE (in years)

26

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse Employed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Holtz

14. MOTHER'S MAIDEN NAME

Anna Stockdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cirrhosis of LIVER

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

7

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1951, to 6/11, 1951, that I last saw the deceased alive on 6/11, 1951, and that death occurred at 8 AM, from the causes and on the date stated above.

23A. SIGNATURE

R E Wells

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/14/51

24C. NAME OF CEMETERY OR CREMATOR

David Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul St

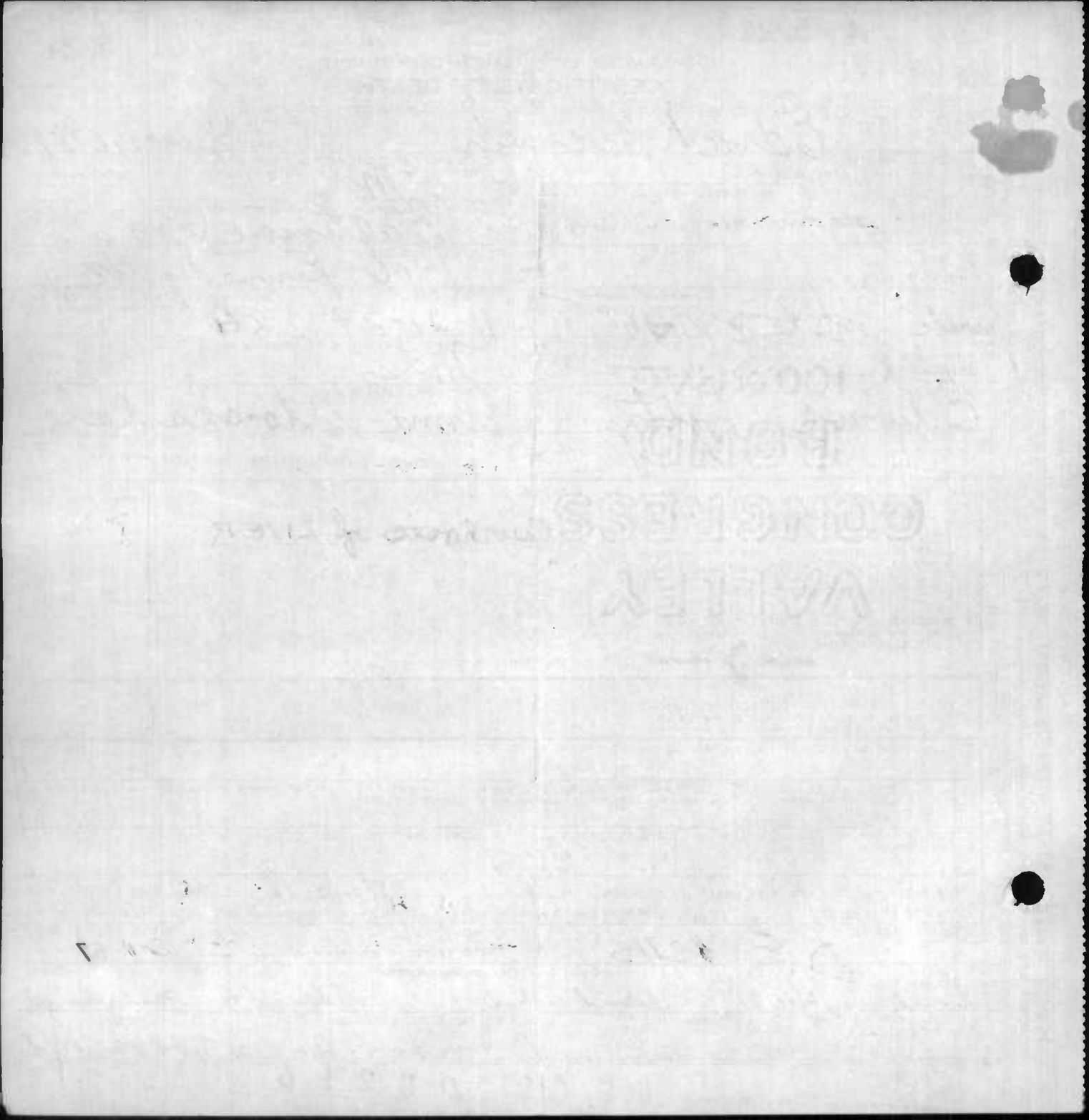
VS 150

5-10005216

124 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



V. 230 51 5225

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 5225

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine E. Vogt

2. DATE
OF
DEATH

June 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

46 Lutheran Hosp. of Md.

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. (SINGLE) MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 16-06

D. STREET ADDRESS (If rural, give location)

1005 Poplar Grove St

5. SEX

F

6. COLOR OR RACE

W

7. (SINGLE) MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

unknown

9. AGE (In years last birthday)

82

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edmund Budnitz Tuscany Heights

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-Vascular Accident

2 1/2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) H A C V D

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 5/21, 1951, to 6/9, 1951, that I last saw the deceased alive on 6/9, 1951, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph D. Lightenberg M.D.

23B. ADDRESS

Luthuan Hsp. of Md.

23C. DATE SIGNED

6/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 12 1951

Luthuan Hsp. of Md.

J.M. Cook Inc 1217 St Paul St

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY

7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Margaret L. Knobeloch

2. DATE
OF
DEATH

June 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

719 N. Milton Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4637 Manordene Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 15, 1912

9. AGE (In years
last birthday)

39

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Lutz

14. MOTHER'S MAIDEN NAME

Margaret B. Otto

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

C. V. Knobeloch, 4637 Manordene Road

18.

345X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June 5, 1951, to June 11, 1951, that I last saw the
deceased alive on June 11, 1951, and that death occurred at 10:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/14/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

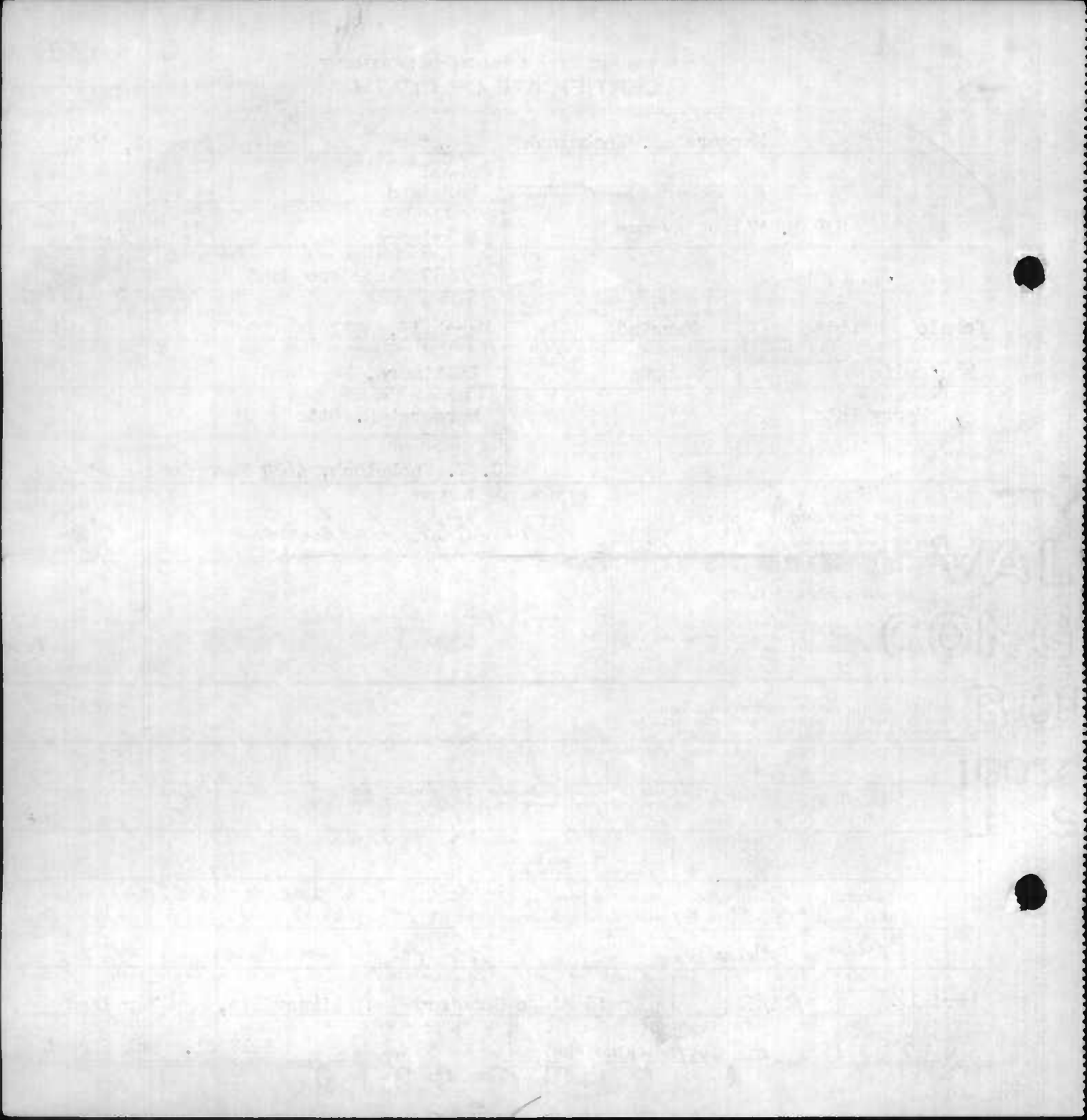
ADDRESS

JUN 12 1951

Wm. G. Williams, M.D.

Wm. G. Williams, Inc.

1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5227

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Legal Hattie*

2. DATE OF DEATH *6-10-51*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland*
B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
39 Provident Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 14-02

7. STREET ADDRESS (If rural, give location)
1403 Brant Street -

8. Length of stay in Baltimore *40 yrs.*

9. SEX *F*

10. COLOR OR RACE *Colored*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widow*

12. DATE OF BIRTH *March 18, 1891*

13. AGE (in years last birthday) *60*

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife*

17. KIND OF BUSINESS OR INDUSTRY *Home*

18. BIRTHPLACE (State or foreign country) *St. Mary's Co. Md.*

19. CITIZEN OF WHAT COUNTRY? *U.S.A.*

20. FATHER'S NAME *Jim Barrell*

21. MOTHER'S MAIDEN NAME *Mary E. Jackson*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No.*

23. SOCIAL SECURITY NO. *Time*

24. INFORMANT *Mrs. Lucy Childs*

25. ADDRESS *1438 Brant St.*

18. *443X* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Hemorrhage*

DUE TO *Hypertensive cardiovascular disease -*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-9-*, 19*51*, to *6-10-*, 19*51*, that I last saw the deceased alive on *6-10-*, 19*51*, and that death occurred at *10:45* m., from the causes and on the date stated above.

23A. SIGNATURE *A. Nicolas*

23B. ADDRESS *Provident Hospital*

23C. DATE SIGNED *6-10-51*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24B. DATE *6-14-1951*

24C. NAME OF CEMETERY OR CREMATORY *Mt. Auburn*

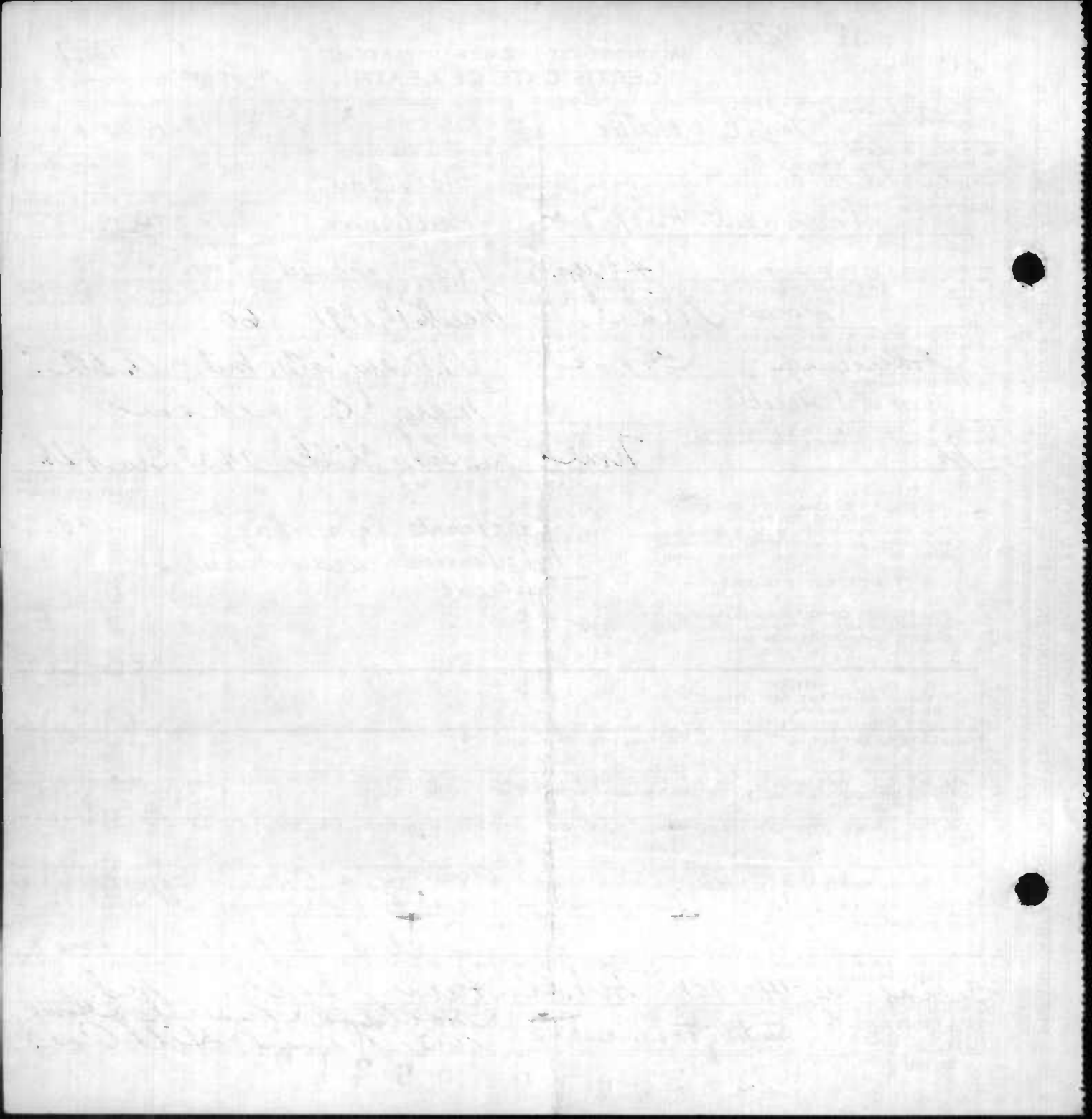
24D. LOCATION (City, town, or county) (State) *Bald. Ind.*

DATE RECEIVED BY LOCAL REGISTRAR *JUN 12 1951*

REGISTRAR'S SIGNATURE *Wm. Williams, M.D.*

25. FEDERAL DIRECTOR *W. L. G. Funeral Home*

ADDRESS *16031 Spring Hill Ave*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5228 Registered No. 51 5228

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maria M^c Coy

2. DATE
OF
DEATH

June 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2800 Matthew St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-04

c. Length of stay in Baltimore

3 mos.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2800 Matthew St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 9, 1882

9. AGE (In years last birthday)

68

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Louisiana

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Home

17. INFORMANT

Joseph D. M^c Coy

ADDRESS *130*

18. *442X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cardiac renal disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension*
(C) *Arteriosclerosis*

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-2*, 1951, to *6-9*, 1951, that I last saw the deceased alive on *6-9*, 1951, and that death occurred at *6:10 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Henry G. Adams, M.D.

23B. ADDRESS

2327 W. North Ave.

23C. DATE SIGNED

6-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-12-1951

24C. NAME OF CEMETERY OR CREMATORY

W. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 12 1951

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

Funeral Director

Funeral Home

VALLEY
CONGRESS
BOND
100-000
U. S. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 5229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5229

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD THOMAS

2. DATE OF DEATH

JUNE 9, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARY LAND

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

UNION MEMORIAL

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 12-06

d. STREET ADDRESS (if rural, give location)

2803 NORTH CHARLES ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1884 6 7

9. AGE (In years last birthday)

11 Under 1 Year Months: Days
11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sexton

10B. KIND OF BUSINESS OR INDUSTRY

Church

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Not Known

16. SOCIAL SECURITY NO.

2-20-03-1634

17. INFORMANT

ADDRESS

SS. Phil. James Church 2800 N. Charles

18.

420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsicker

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 10, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

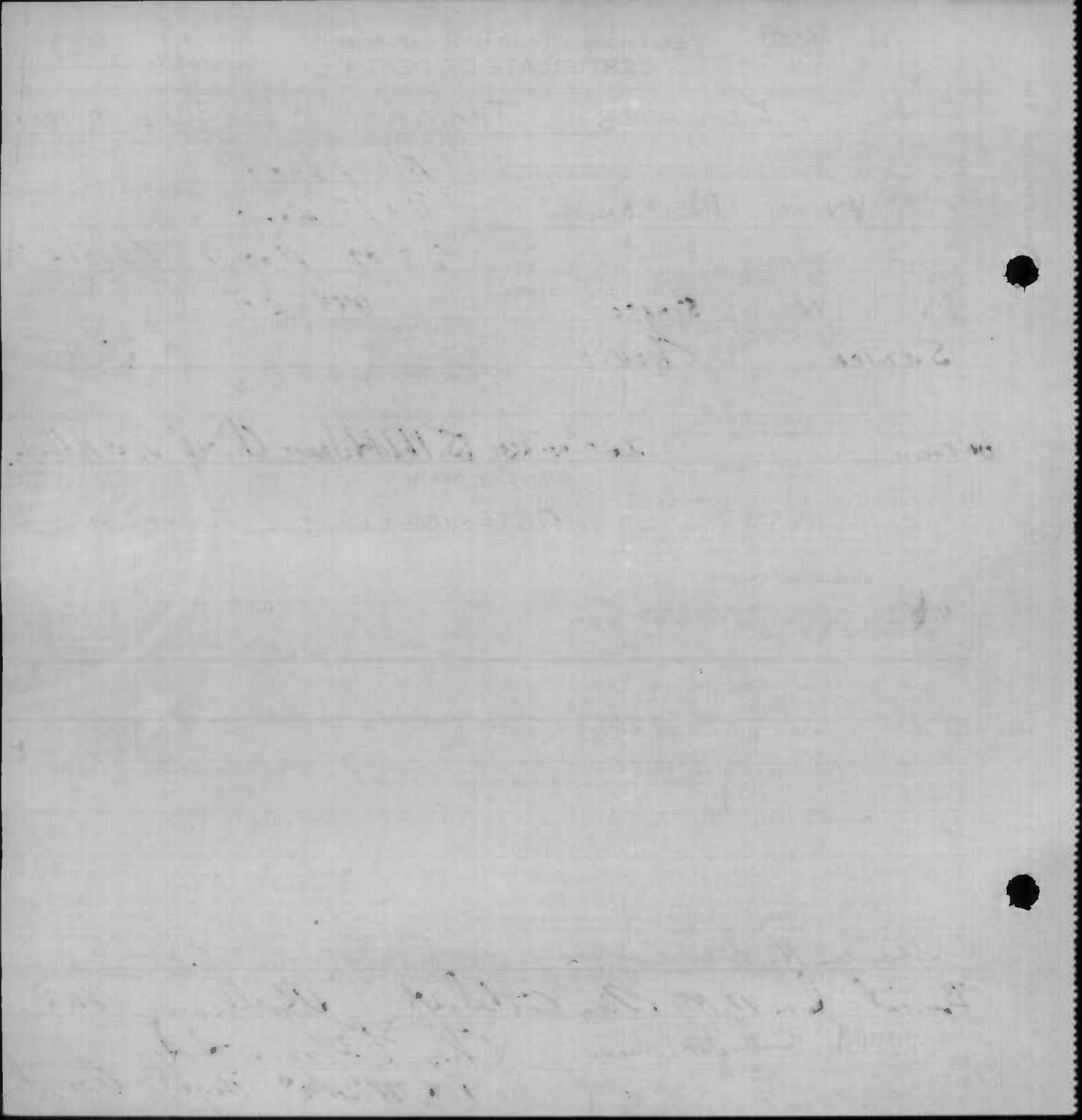
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

PROGWA 5 21344. Royal 93 fve. ✓



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 5230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

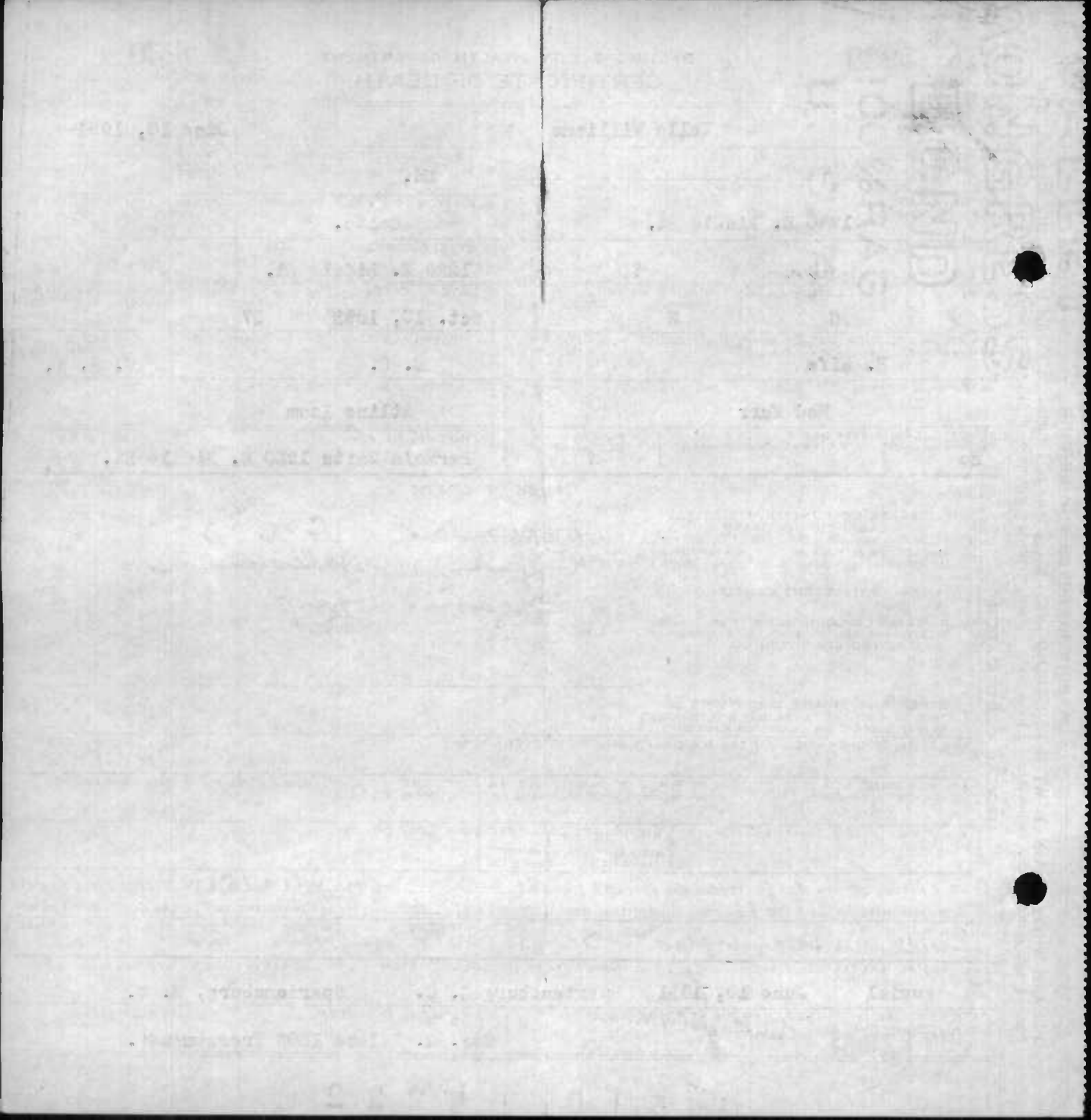
51 5230

Registered No.

BIRTH NO. *W-452*

1. NAME OF DECEASED (Type or Print) Della Williams			2. DATE OF DEATH June 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1220 E. Biddle St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
C. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1220 E. Biddle St. <i>10-01</i>		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Oct. 10, 1893	9. AGE (in years last birthday) 57	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) S. C.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Ned Farr			14. MOTHER'S MAIDEN NAME Atline Isom		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Permola Watts 1220 E. Biddle St.		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic CUN D DUE TO Generalized Arteriosclerosis Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/20</i> , 19 <i>50</i> to <i>6/10/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/10/51</i> , 19 <i>51</i> and that death occurred at <i>7:14</i> a. m., from the causes and on the date stated above.			
22A. SIGNATURE <i>William Applegate</i>	M. D.	23B. ADDRESS <i>2511 Reisterstown Rd</i>	23C. DATE SIGNED <i>6/14/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 10, 1951	24C. NAME OF CEMETERY OR CREMATORY Spartensburg S. C.	24D. LOCATION (City, town, or county) (State) Spartansburg, S. C.
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.	



S-360

51 5231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5231

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SR. M. GERAD MAJELLA SCHEITER

2. DATE
OF
DEATH

JUNE 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

NOTRE DAME OF MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 27-11

D. STREET ADDRESS (If rural, give location)

4701 N. CHARLES ST.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

SEPT. 14, 1871

9. AGE (in years
last birthday)

80

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SISTER

10B. KIND OF BUSINESS OR
INDUSTRY

RELIGIOUS

11. BIRTHPLACE (State or foreign country)

PHILADELPHIA, PA.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GEORGE SCHEITER

14. MOTHER'S MAIDEN NAME

CATHERINE ROTHENGAST

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SR. M. PERPETUA 4701 N. CHARLES

18.

153X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Colon with
multiple metastases oper
ationINTERVAL BETWEEN
ONSET AND DEATHover 1
year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cause of cancer

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Exhaustion anemia, asthenia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Colon with metastases

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1950, to June 11, 1951, that I last saw the
deceased alive on June 11, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Charles J. Zeiler M.D.

23B. ADDRESS

1125 So. Bond St.

23C. DATE SIGNED

6/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

6-14-51

SISTERS CEM.

CHAS. ST. & HOMELAND AVE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 12 1951

Huntington Williams, M.D.

Charles J. Zeiler 901 S. Cowardin St.

VS 150

19510005223

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN FAIRLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

MR. M. GERARD MALLIN, CHAIRMAN, JUNE 11, 1951

NOTES DAME OF MARIAM BALTIMORE

4701 N. CHARLES ST
SEPTEMBER 80

SISTER RELIGIOUS PHILADELPHIA PA.
GEORGE SCHNEITER
CATHARINE ROTHENBERG
MR. M. FERRETORE

BRUNE L-14-21 SISTER GEM. CHAST. THOMAS ANDERSON
BRUNE L-14-21 SISTER GEM. CHAST. THOMAS ANDERSON

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

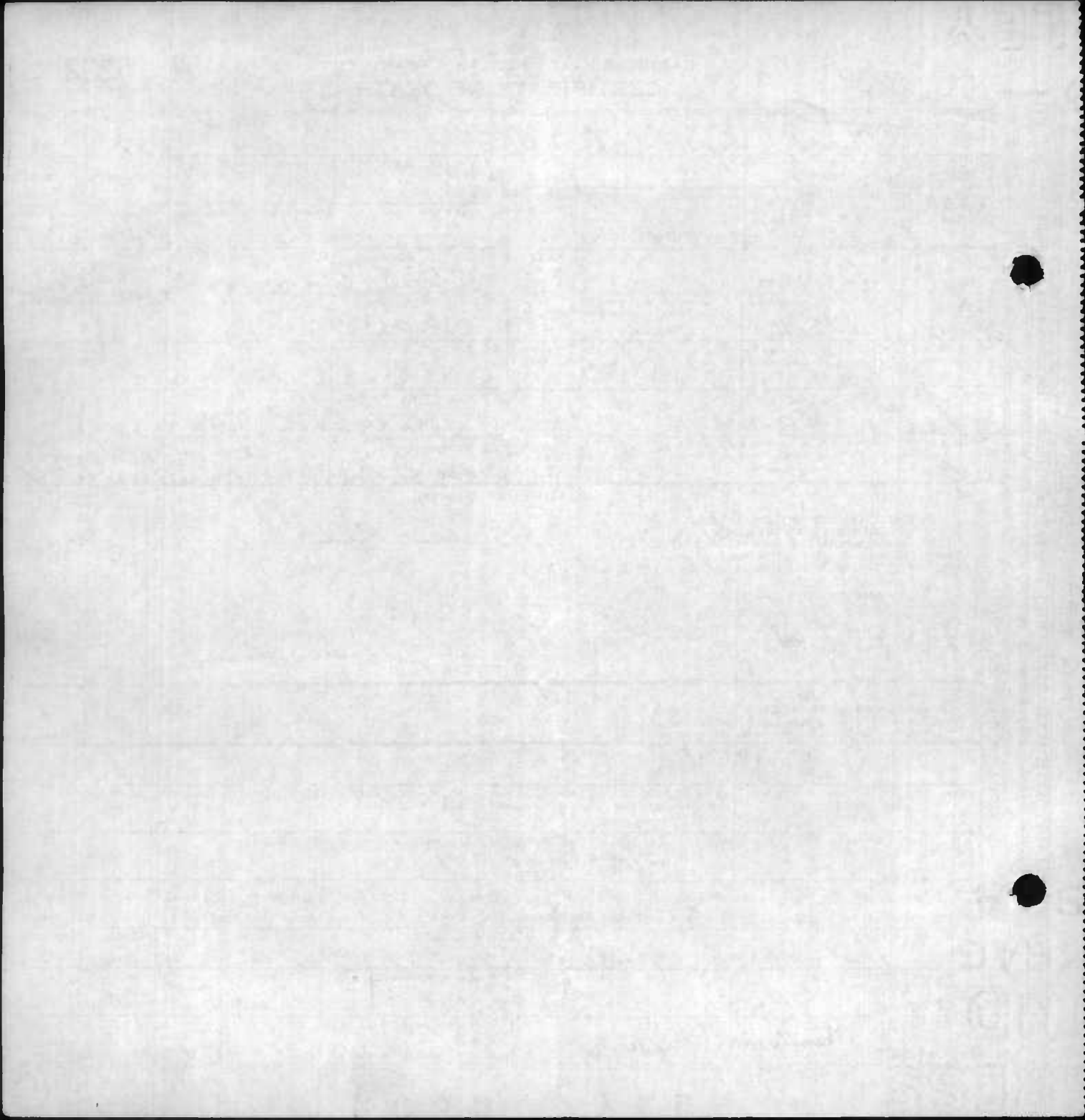
Registered No. **51 5232**

BIRTH NO. **51 5232**

1. NAME OF DECEASED (Type or Print) Mary Agnes Barnes		2. DATE OF DEATH 6/10/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5625 Midwood Rd		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 27-48	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5625 Midwood Rd	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6/20/1877 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY Self	
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Felix Barnes		14. MOTHER'S MAIDEN NAME Elizabeth (unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT James D. Barnes		1413 Madison St. Hyattsville Md	

18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 days
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis		DUE TO (B)
		DUE TO (C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 1951, to June 10, 1951 , that I last saw the deceased alive on June 9, 1951 , and that death occurred at 4:50 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Friedrich J. Voelmer		23B. ADDRESS 6100 York Road		23C. DATE SIGNED June 11, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/13/51		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
				24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook Inc. 1217 St. Paul St	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5233
Registered No.51 5233
BIRTH NO.

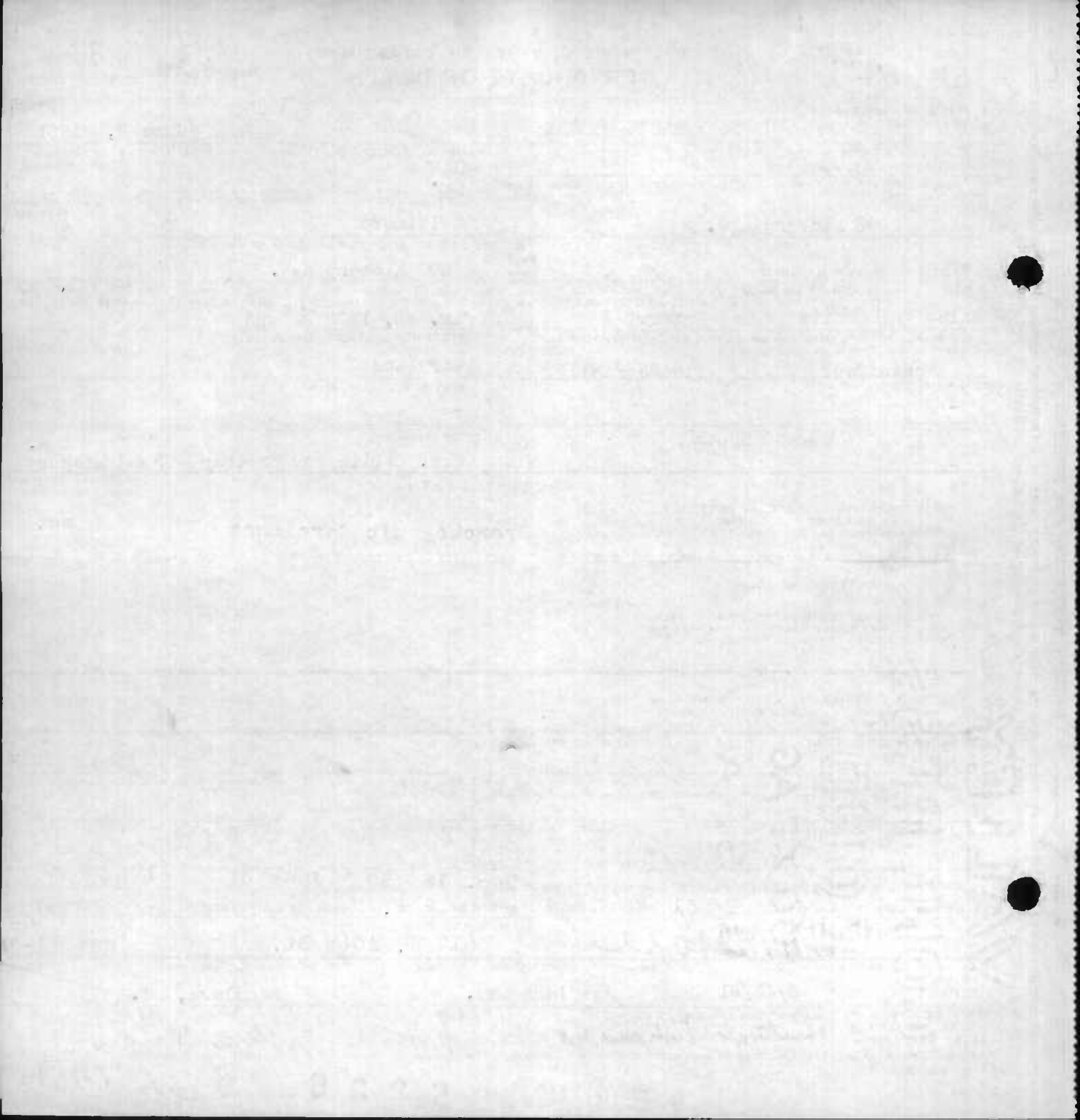
1. NAME OF DECEASED (Type or Print) JAMES FRANCIS WHITNEY			2. DATE OF DEATH June 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3608 Hickory Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-06		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3608 Hickory Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 15, 1888	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chauffeur			10B. KIND OF BUSINESS OR INDUSTRY Private Family		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Lillie May Whitney - 3608 Hickory Ave.			ADDRESS		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bronchogenic Carcinoma DUE TO		6 mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 18, 1950, to June 9, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 2 P.m., from the causes and on the date stated above.					
23A. SIGNATURE J. H. Wilson		23B. ADDRESS M. D. 617 W. 40th St.		23C. DATE SIGNED June 11-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/13/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. M. J. Lickner & Sons	

VS 150

195602210 5 2 2 547c Balto Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

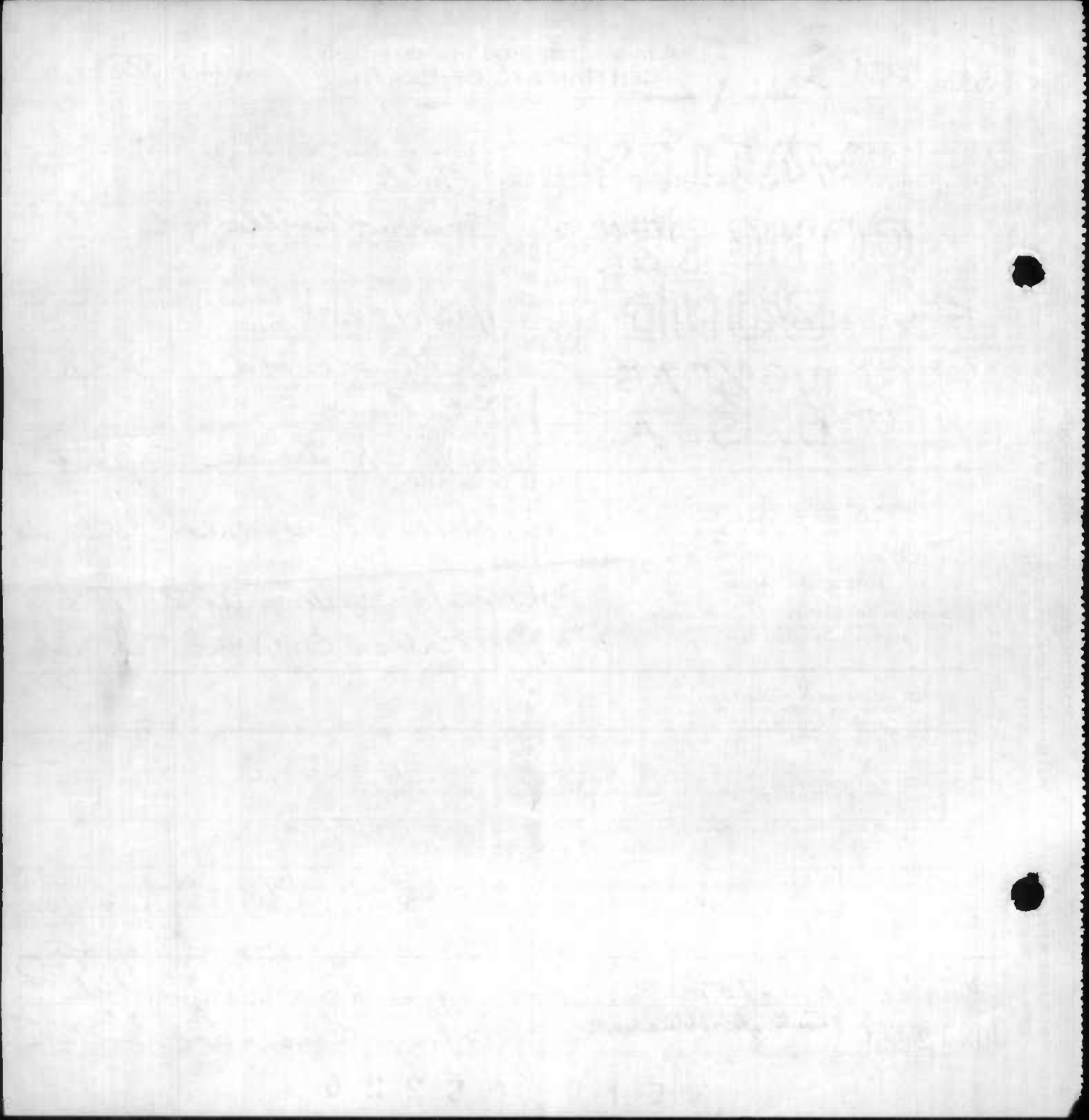
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5234**

1. NAME OF DECEASED (Type or Print) OSCAR Lehman		2. DATE OF DEATH 6-12-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY Howard	
5. FULL NAME OF HOSPITAL OR INSTITUTION 38 UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mariottville Md.	
c. Length of stay in Baltimore 2 weeks		D. STREET ADDRESS (If rural, give location) 6200	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1/12/1885
9. AGE (in years last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY For self	11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME John J. Lehman	14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -	16. SOCIAL SECURITY NO. -	17. INFORMANT Mr John J. Lehman Sargeant	
18. 443X CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Aspiration Pneumonia 2 days
DUE TO			(B) Cerebral-Vascular Accident 12 days
DUE TO			(C) Hypertension, Cardio-Vasc. 3 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-1/51 , 19 51 , to 6-12/51 , 19 51 , that I last saw the deceased alive on 6/12 , 19 51 , and that death occurred at 6:4 m., from the causes and on the date stated above.			
23a. SIGNATURE Charles T. Henderson		23b. ADDRESS University Hospital	23c. DATE SIGNED 6/12/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/15/51	24c. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	24d. LOCATION (City, town, or county) (State) Taylor Ave Parkville Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1951	REGISTRAR'S SIGNATURE Hamington Williams, M.D.	25. FUNERAL DIRECTOR John J. Cowan & Son	
VS 150		ADDRESS Hollins	

195100005226

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 5235 **BALTIMORE CITY HEALTH DEPARTMENT** *51 5235*
CERTIFICATE OF DEATH Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Mary Lee Seymour* 2. DATE OF DEATH *June 10 1951*

3. PLACE OF DEATH:
 A. Baltimore City, Maryland
 B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *1605 Royal Oak Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE *Md.* B. COUNTY _____
 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore 28-41*
 D. STREET ADDRESS (If rural, give location) *3712 Hillsdale Road*

c. Length of stay in Baltimore *50* Yrs. Mos. Days

5. SEX *Female* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widowed* 8. DATE OF BIRTH *Feb. 10 1863* 9. AGE (In years last birthday) *88* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife* 10B. KIND OF BUSINESS OR INDUSTRY *At Home* 11. BIRTHPLACE (State or foreign country) *Reese Mill Md Pa* 12. CITIZEN OF WHAT COUNTRY? *USA*

13. FATHER'S NAME *Daniel Reese* 14. MOTHER'S MAIDEN NAME _____

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *no* (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. *None* 17. INFORMANT *C. C. Seymour* ADDRESS *Chaine Ave*

18. *450.0* CAUSE OF DEATH
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
 (A) *Arterio Sclerosis* DUE TO
 ANTECEDENT CAUSES
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
 (B) *Hemiplegia* DUE TO
 (C) _____
 II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
5 years
1 week

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

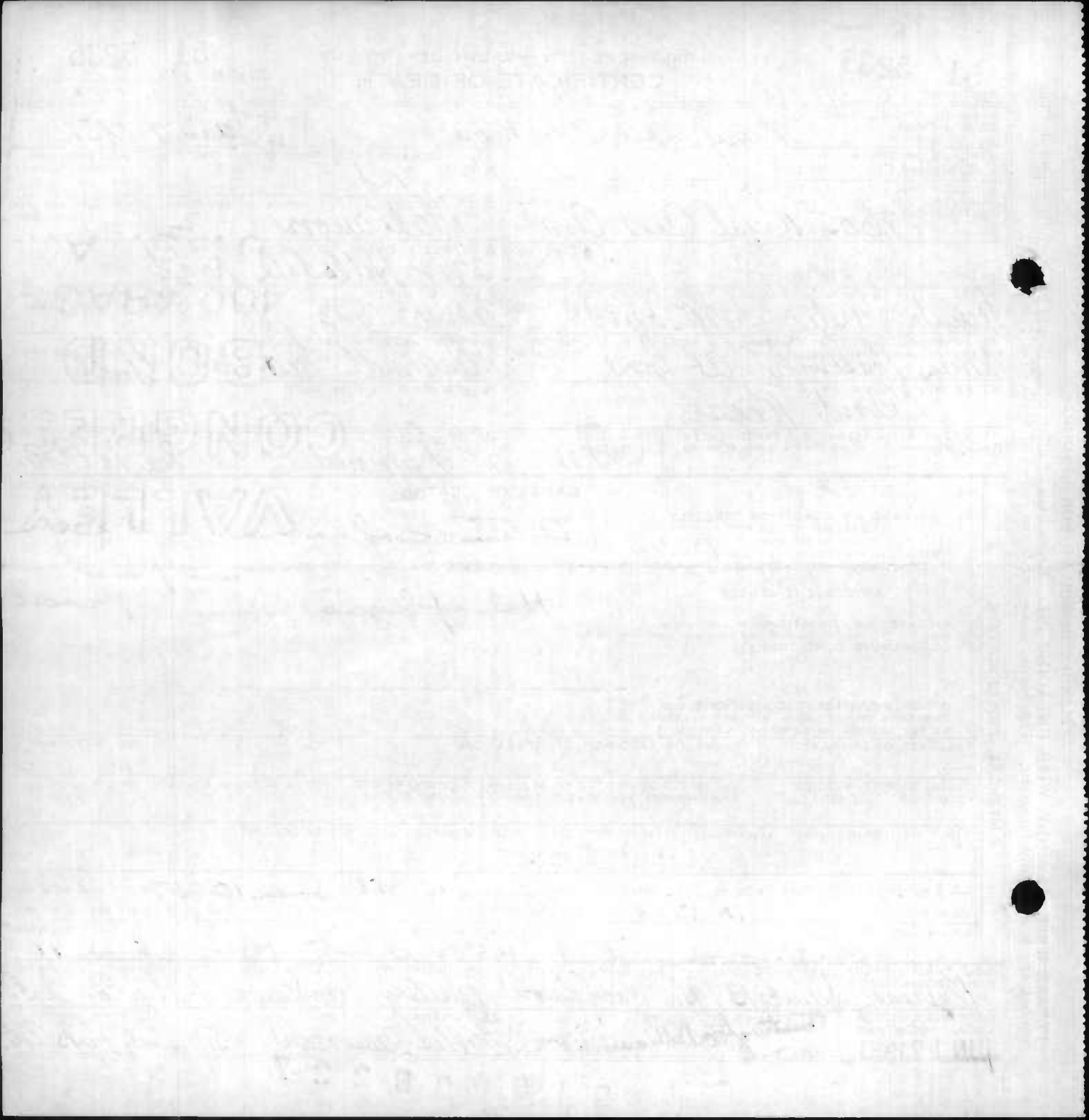
22. I hereby certify that I attended the deceased from *June 4, 1951* to *June 10, 1951* that I last saw the deceased alive on *June 10, 1951* and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE *A. C. Smith* M. D. *4508 Elm St* 23B. ADDRESS _____ 23C. DATE SIGNED *June 11*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *June 13 1951* 24C. NAME OF CEMETERY OR CREMATORY *Woodlawn Cemetery* 24D. LOCATION (City, town, or county) (State) *Woodlawn Balt Co. Md.*

DATE RECEIVED BY LOCAL REGISTRAR *JUN 12 1951* REGISTRAR'S SIGNATURE *William H. Williams, Jr.* 25. FUNERAL DIRECTOR *Charles Amorran* ADDRESS *4510 Liberty Hts. Ave.*

VS 150 *1951 0005227* *837*



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5236
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE JACKSON

2. DATE
OF
DEATH

6/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1608 Waldo Street

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Johne Hopkins Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

15 Yrs.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 6, 1901

9. AGE (In years last birthday)

50

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

King Williams Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Charles Jackson

14. MOTHER'S MAIDEN NAME

Mary Homes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ida Newbill 603 N. Caroline St

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **6/10/51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/12/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

William H. Williams, M.D.

25 FUNERAL DIRECTOR

Elmer S. Wilson 1000 Bently St

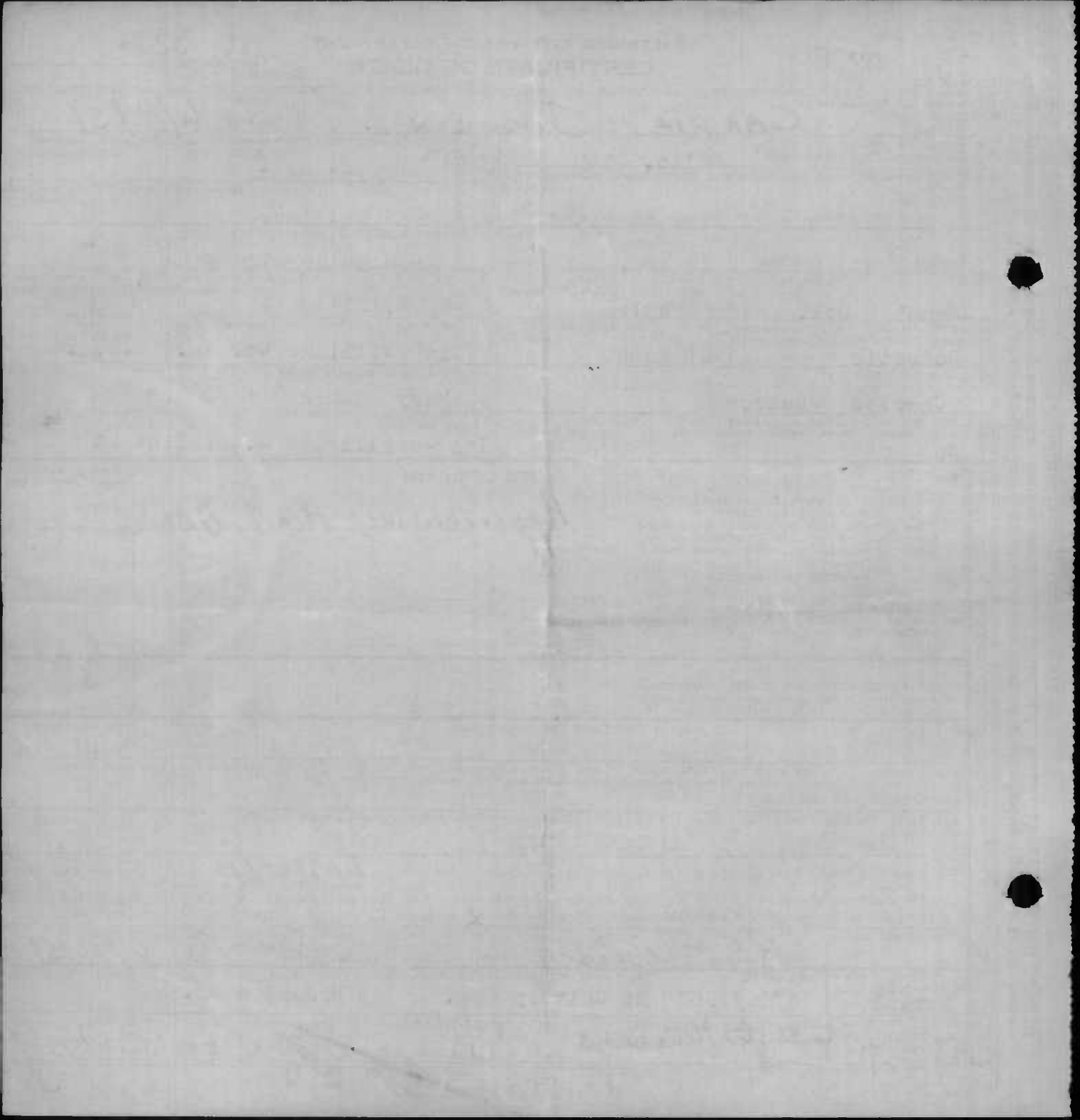
ADDRESS

V S 151

572 222 0

93D

MARGIN RESERVED FOR BINDING
PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5237
Registered No.

BIRTH NO. 51 5237

1. NAME OF DECEASED
(Type or Print)

Calvin Mc Daniels

2. DATE
OF
DEATH

6/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

C. Length of stay in Baltimore

13 Yrs.

D. STREET ADDRESS (If rural, give location)

304 N. Broadway 605

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 1, 1909

9. AGE (In years
last birthday)

42

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Freight Handler

11. BIRTHPLACE (State or foreign country)

Blackstock S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Calvin McDaniel Sr.

14. MOTHER'S MAIDEN NAME

Hattie Wylie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth McDaniel 304 N. Broadway

18.

073X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Luetic Heart Disease
DUE TO Coronary ostiel stenosis
(B) with myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
6/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/13/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

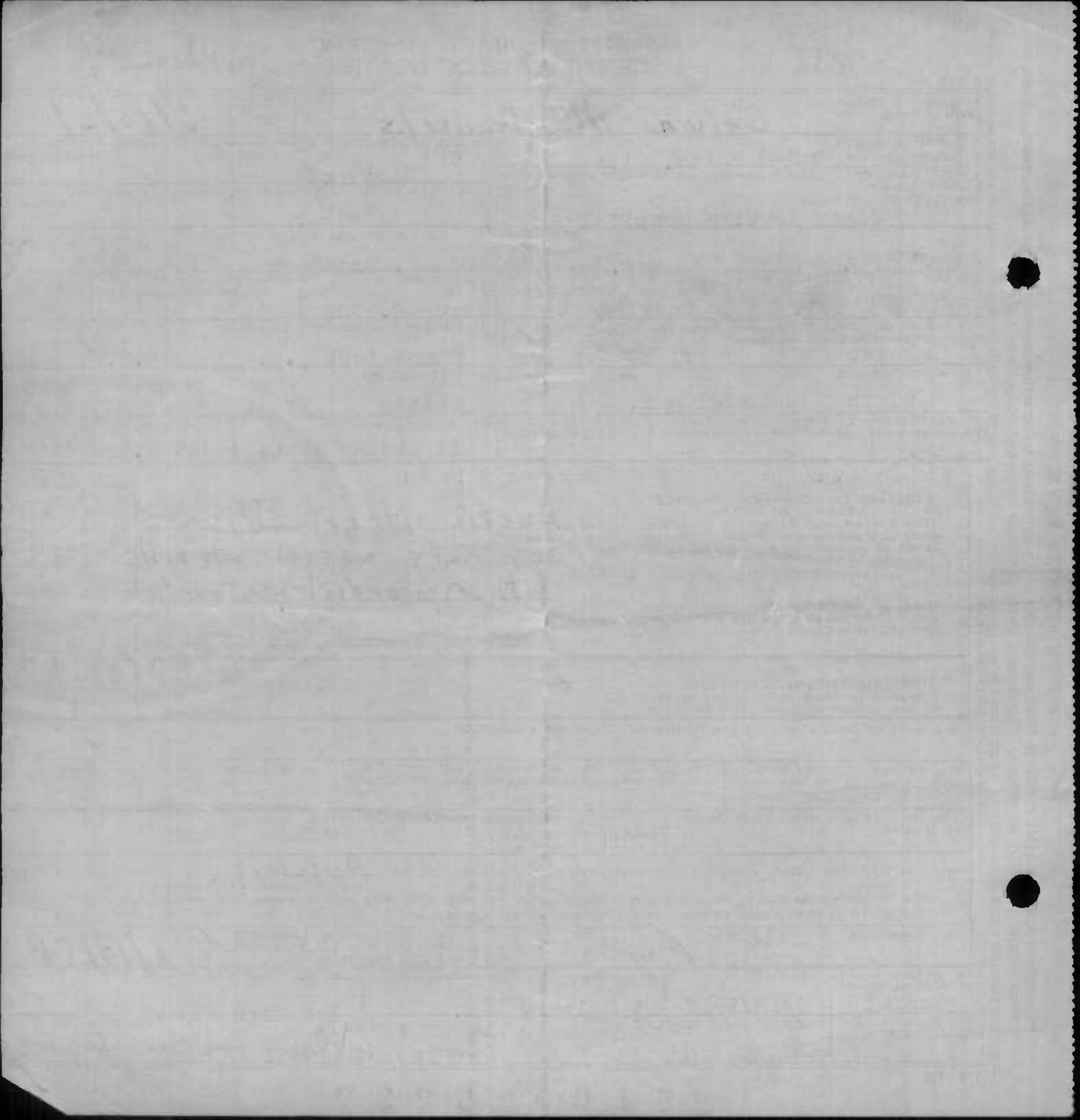
ADDRESS

Elmer Wilson 1001 Biantly ave

VS 151

1 9 5 1 0 9 7 4 5 5 2 2 9

30E



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5238
Registered No.

G-420 51 5238 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 5238 Registered No.	
1. NAME OF DECEASED (Type or Print) Columbus Giles			2. DATE OF DEATH June-7-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1705 Orlean Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1705 Orlean Street		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 19, 1895	9. AGE (In years last birthday) 55	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			11. BIRTHPLACE (State or foreign country) Halifax Co. Virginia		
10B. KIND OF BUSINESS OR INDUSTRY Railroad			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Giles			14. MOTHER'S MAIDEN NAME Mary Giles		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Wilbur Giles			ADDRESS 34 n. Carolina St		
18. 421.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Valvular Insufficiency Pyrs (A) Mitral and aortic DUE TO INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. arterio-sclerotic heart disease					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10.6 , 19 47 , to 6-7 , 19 51 , that I last saw the deceased alive on 5.22 , 19 51 , and that death occurred at 4.30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 150 EAST MADISON ST. BALTIMORE, MD.		23C. DATE SIGNED 6-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/12/1951		24C. NAME OF CEMETERY AND CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
FUNERAL DIRECTOR Elroy O. Wilson		ADDRESS 1000 Beatty ave			
VS 150 1951 P 45300 5230 937					

51 5239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5239

Registered No.

BIRTH NO. 11-325

1. NAME OF DECEASED (Type or Print) COSMORE ROBERT HUDGINS			2. DATE OF DEATH June 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1122 W. Lafayette Avenue			16-01		
5. SEX M			6. COLOR OR RACE col		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH 9/14/81 ?		
9. AGE (In years last birthday) 69 ?			10. Under 1 Year Months: Days: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator operator			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Richard Hudgins			14. MOTHER'S MAIDEN NAME Margaret ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW I			16. SOCIAL SECURITY NO. 218-16-90915A		
17. INFORMANT Records- US Marine Hospital, Balto, Md.			ADDRESS		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular accident DUE TO (A) Cerebro-vascular accident (B) ? (C) ?		INTERVAL BETWEEN ONSET AND DEATH ? recent 2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 29 , 19 51 , to June 8 , 19 51 , that I last saw the deceased alive on June 8 , 19 51 , and that death occurred at 9:50P. m. , from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 6/9/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6/13/51		24C. NAME OF CEMETERY OR CREMATORY Balto Natl Cem	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. FUNERAL DIRECTOR Chas H. Porter 512 Carver Ave.		24F. ADDRESS 83a	
DATE RECEIVED BY LOCAL REGISTRAR JUN 13 1951					

VS 150

1 2 5 7 6 0 7 4 0 5 2 3 1

ave.
83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MEDICAL CERTIFICATION

RE

General Wright
The Wrights
200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5240
Registered No.BIRTH NO. 51 5240
J-520

1. NAME OF DECEASED (Type or Print) FREDERICK E. JONES			2. DATE OF DEATH June 11, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5111 Ardmore Way			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days 5300			D. STREET ADDRESS (If rural, give location) 4507 Dunland Rd.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 21, 1895	9. AGE (In years last birthday) 55	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) fire fighter			10B. KIND OF BUSINESS OR INDUSTRY Balto. City		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? Maryland		
13. FATHER'S NAME Frank E. Jones			14. MOTHER'S MAIDEN NAME Gertrude M. Zimmerman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mrs. Estelle Jones - 4507 Dunland Rd.			ADDRESS		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the Stomach DUE TO (A) Carcinoma of the Stomach INTERVAL BETWEEN ONSET AND DEATH 4 mon.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Metastatic Carcinoma of Lung DUE TO (C) Thrombophlebitis, left May 12, 1951	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION May 26, 1951; May 4, 1951		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach; Metastatic Ca of Lung		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 10, 1951 , to Jun 11, 1951 , that I last saw the deceased alive on Jun 11, 1951 , and that death occurred at 7:00 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Edward J. Cotten		23B. ADDRESS 11 E. Chase St		23C. DATE SIGNED Jun 12, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/13/51		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. FUNERAL DIRECTOR Wm. J. Tiekner & Sons		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1951		REGISTRAR'S SIGNATURE Wm. J. Tiekner & Sons		ADDRESS	

VS 150

9 262 030 520 246B Balto Md

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5241
Registered No.

BIRTH NO. 51 5241 B-610

1. NAME OF DECEASED (Type or Print) GEORGE E. BARBEE			2. DATE OF DEATH June 11, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 136 W. Camden Street 22-01		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 11, 1909	9. AGE (in years last birthday) 42	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Helper			11. BIRTHPLACE (State or foreign country) Shades Branch Va.		
10b. KIND OF BUSINESS OR INDUSTRY Poultry store			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Albert Barbree			14. MOTHER'S MAIDEN NAME Emma Jefferies		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) yes W.W.# 2			16. SOCIAL SECURITY NO.		
17. INFORMANT Marie Wallace - McCulloch St.			18. ADDRESS		

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dureacher, M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 11, 1951	

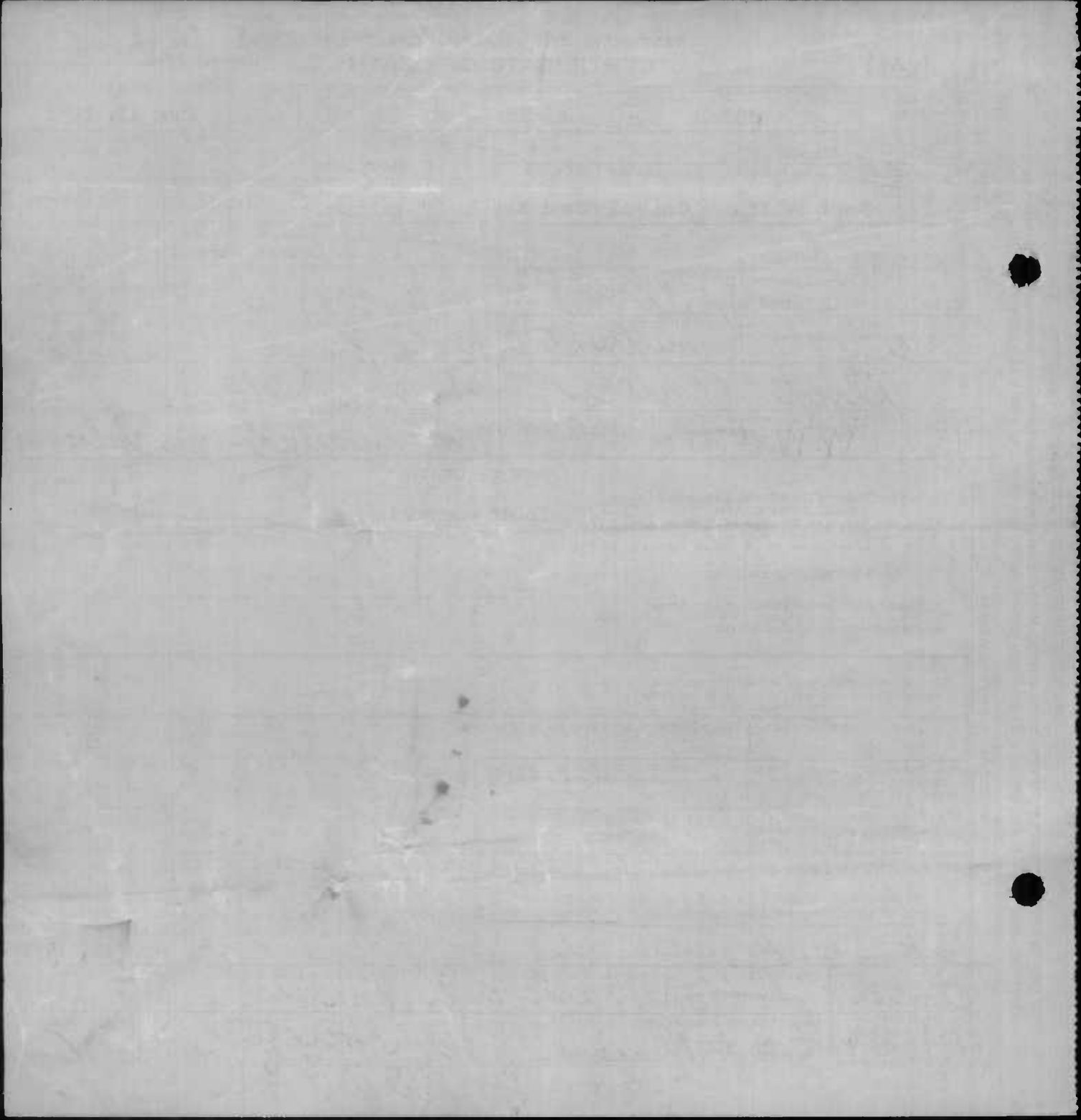
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/14/51	24C. NAME OF CEMETERY OR CREMATORY Bald. Nat. Cemetery	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR JUN 13 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR A. Halstead - 918 -

VS 151

680640 151 108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

51 5242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5242

Registered No.

BIRTH NO.

P-260

1. NAME OF DECEASED
(Type or Print)

Lloyd T. Peaker

2. DATE
OF
DEATH

6/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Md. Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

11

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 16 1870

9. AGE (In years,
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Laborer

11. BIRTHPLACE (State or foreign country)

Abingdon, Harford, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Stephen Peaker

14. MOTHER'S MAIDEN NAME

Elyzabet Bishop

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Laura Wallace, Joppa, Md.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebrovascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Anteroselective cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1951, to June 9, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Raymond Bradshaw Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6/10/51

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 13, 1951

24C. NAME OF CEMETERY OR CREMATOR

Mt. Zion

24D. LOCATION (City, town, or county)

Joppa Harford Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

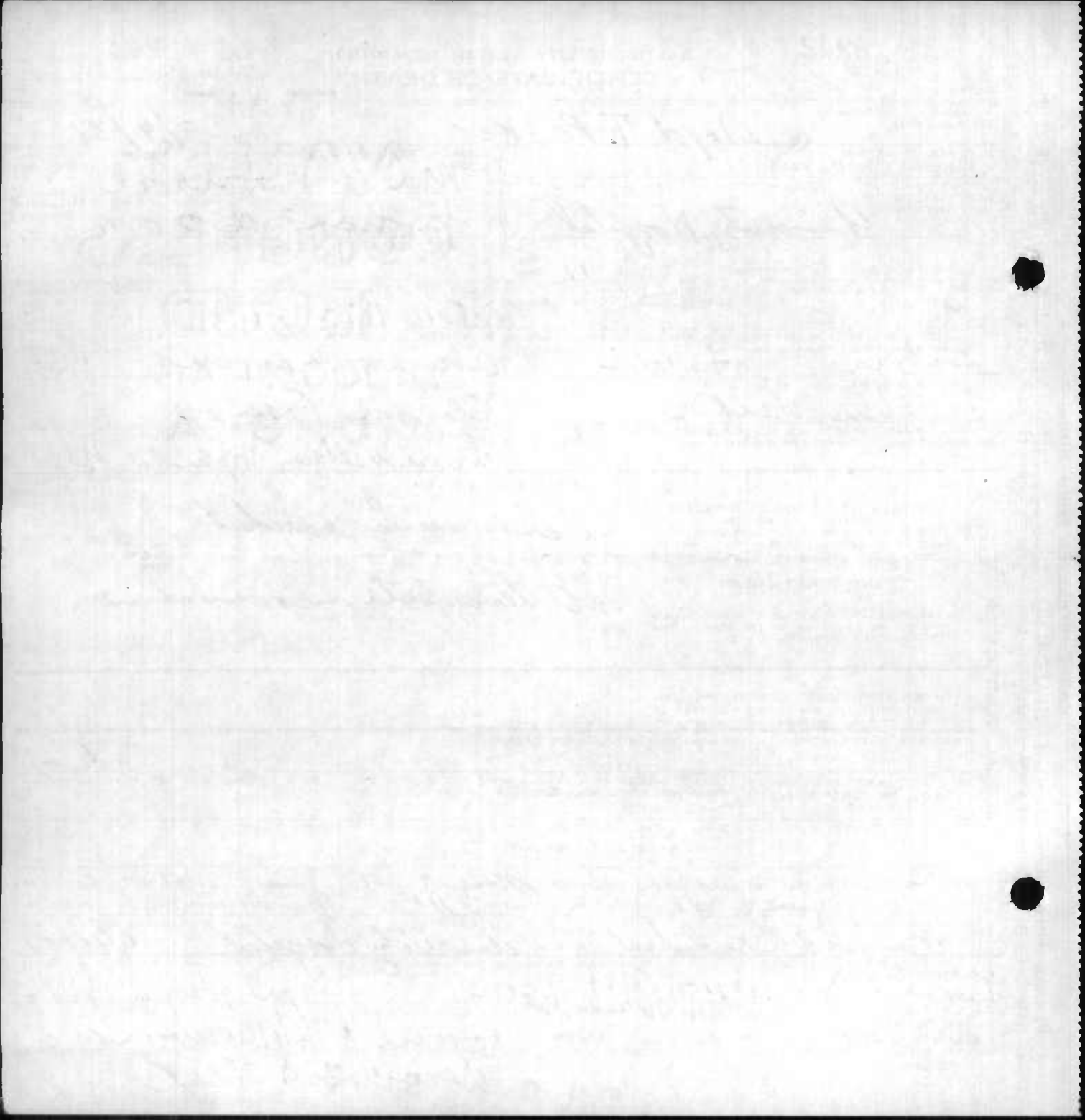
25. FUNERAL DIRECTOR

ADDRESS

Howard R. Metcalf & Son

VS 150

Abingdon Harford Md 937



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5243
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARTIN QUINN

2. DATE
OF
DEATH

June 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1000 Caton Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JENKINS MEMORIAL HOSPITAL

Baltimore, Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

212 East Eager Street

C. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

About 77

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired gardener

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Michael Quinn

14. MOTHER'S MAIDEN NAME

Mary Cryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

James J. Quinn 212 E. Eager Street

18.

47711 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIO SCLEROTIC CARDIO -
DUE TO VASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CEREBRAL ARTERIO SCLEROSIS
DUE TO

(C) CHRONIC MYOCARDIOSIS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4/4, 1957 to 6/10, 1957, that I last saw the deceased alive on 6/9, 1957, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/10/51

New Cathedral

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 13 1951

W. W. Meacham

W. W. Meacham 805 N. Calver St.

1-200

51 5244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5244

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

VICTOR ISE

2. DATE
OF
DEATH

JUNE 9 / 51

3. PLACE OF DEATH:

238 S. BROADWAY

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

238 S. BROADWAY

BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE M.d.

2-02

D. STREET ADDRESS (If rural, give location)

238 S. BROADWAY

c. Length of stay in Baltimore 43 YRS.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

OCT 23 1881

9. AGE (In years)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR INDUSTRY

MILL

13. FATHER'S NAME

AUGUST ISE

LUMBER (M)

11. BIRTHPLACE (State or foreign country)

CATANEO ITALY

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

HELENA FILOMENA GIANETTI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Y or N or unknown)

NO

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (DAUGHTER)

MRS. THERESA SUDANO 903 FAWN ST

18.

151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐HOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to June 12, 1951, that I last saw the deceased alive on June 12, 1951, and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Mavis A. Emi

M. D.

23B. ADDRESS

118 Arizonic St

23C. DATE SIGNED

6/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 13/51

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BELAIR RD. & MORAVIA AVE.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

FRANK DELLA NOCE 322 S. HIGH ST.

ADDRESS

JUN 13 1951

VS 150

9 53 10 8 / 00 5 2 3 6

46 B

MEDICAL CERTIFICATION

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Turkoff

2. DATE
OF
DEATH

6/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 28-31

D. STREET ADDRESS (If rural, give location)

6932 Reisterstown Road

c. Length of stay in Baltimore

38

Yrs.
Mo.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.B.

13. FATHER'S NAME

Max

PROF (P)

14. MOTHER'S MAIDEN NAME

Lease

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-12-2474

17. INFORMANT

Selman Turkoff

ADDRESS

Same

18. 446X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Anemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Malignant hyperchlorosis

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1951, to 6-11, 1951, that I last saw the
deceased alive on 6-11, 1951, and that death occurred at 5:45 p.m. from the causes and on the date stated above.

23A. SIGNATURE

James J. Collier M. O.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

6-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 6-13-51

United Hebrew

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 13 1951

Thurston Williams, M.D.

JACK Kewer, Inc.

2100 Gettysburg Rd

3

G 520 51 5246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5246

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mildred Gonce

2. DATE
OF
DEATH

6/12/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, or institution: residence
a. STATE b. COUNTY before admission)

Md.

Baltimore

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

38 UNIVERSITY Hospital

Yrs.
Mos.
Daysc. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Rural Millington

d. STREET ADDRESS (If rural, give location)

6400

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

May 7/1920

9. AGE (in years
last birthday)

31

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Horace Cahall

14. MOTHER'S MAIDEN NAME

Jessie M Mc Minis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

unknown

17. INFORMANT

ADDRESS

Jessie M Mc Minis Millington

18.

204.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myelogenous leukemia

INTERVAL BETWEEN
ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3/51, 1951, to 6/12/51, 1951, that I last saw the
deceased alive on 6/12, 1951, and that death occurred at 4 m., from the causes and on the date stated above.

23a. SIGNATURE

Charles E. Henderson

M. D.

23b. ADDRESS

University Hospital

23c. DATE SIGNED

6/12/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

June 15/1951

24c. NAME OF CEMETERY OR CREMATORY

Lynchville Cem.

24d. LOCATION (City, town, or county)

Lynchville Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 13 1951

REGISTRAR'S SIGNATURE

Millington Williams, M.D.

25. FUNERAL DIRECTOR

Edward Bellour Millington Md

ADDRESS

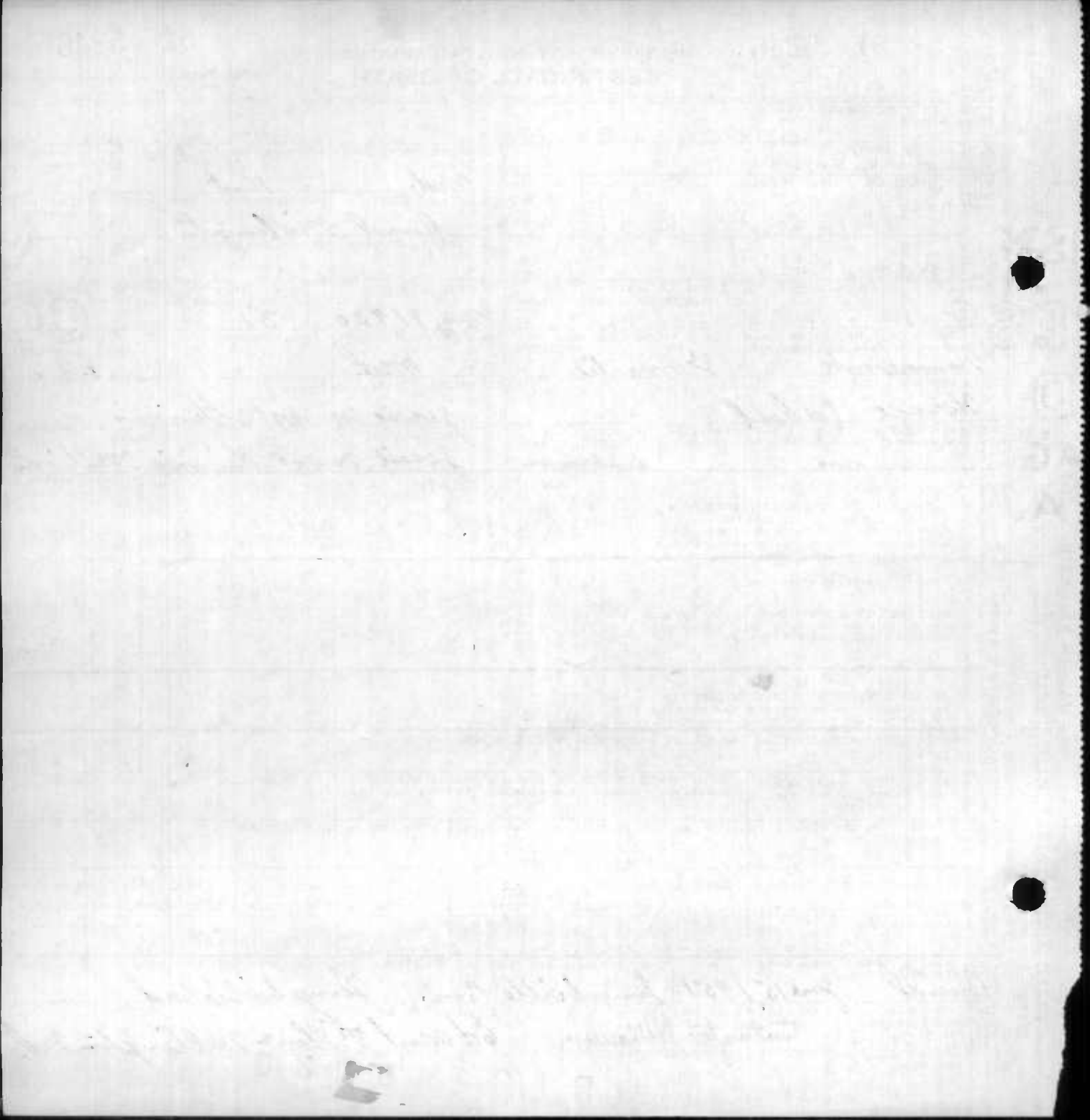
VS 150

1972108A 005230

74a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Mrs. Rebecca Reamer*2. DATE
OF
DEATH*June 12, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*3027 Fendall Road*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore *28-02*D. STREET ADDRESS (If rural, give location)
3027 Fendall, Road

c. Length of stay in Baltimore

*55 yrs.*Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

*March 22, 1884*9. AGE (In years
last birthday)*67*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*housewife*10B. KIND OF BUSINESS OR
INDUSTRY
own home

11. BIRTHPLACE (State or foreign country)

*Russia*12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Solomon Sonnenborn

14. MOTHER'S MAIDEN NAME

*Yette Kufman*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Harry J. Reamer-3027 Fendall Road

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

CAUSE OF DEATH

*Pulmonary Edema.*INTERVAL BETWEEN
ONSET AND DEATH*6-8 hrs.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO*Cancer of Breast**10 yrs.*

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1941

19B. MAJOR FINDINGS OF OPERATION

Removal of Right Breast - Cancer.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov.*, 19*50*, to *June 12*, 19*51*, that I last saw the
deceased alive on *June 4*, 19*51*, and that death occurred at *2:28 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Lester G. Han

M. D.

23B. ADDRESS

1039 St Paul St.

23C. DATE SIGNED

*June 12 1951*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

6/13/51

24C. NAME OF CEMETERY OR CREMATORY

Anshei Emuneh Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25 FUNERAL DIRECTOR

Sal. Levinson & Sons - 1124-26 W. North

ADDRESS

Annex

JUN 13 1951

VS 150

T 9 541 0 0 0 5 2 3 2

50

12

1957

1957

1957

1957

1957

1957

1957

1957

1957

1957

1957

1957

1957

1957

1957

51 5248

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5248
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIUS

SALTZMAN

2. DATE
OF DEATH June 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 2-03

D. STREET ADDRESS (If rural, give location)

827 S. Bond St.

c. Length of stay in Baltimore

45 YRS.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1883

9. AGE (In years
last birthday)

68

If Under 1 Year

Months

If Under 24 Hours

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

Junk

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alexander Saltzman - 1732 E. Fayette St.

18. 223 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

(B) Brain tumor (meningioma)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dombach, M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
June 12, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/13/51

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cong.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 13 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Levinson & Bros. - 1124-26 W. North

ADDRESS

567 Avenue

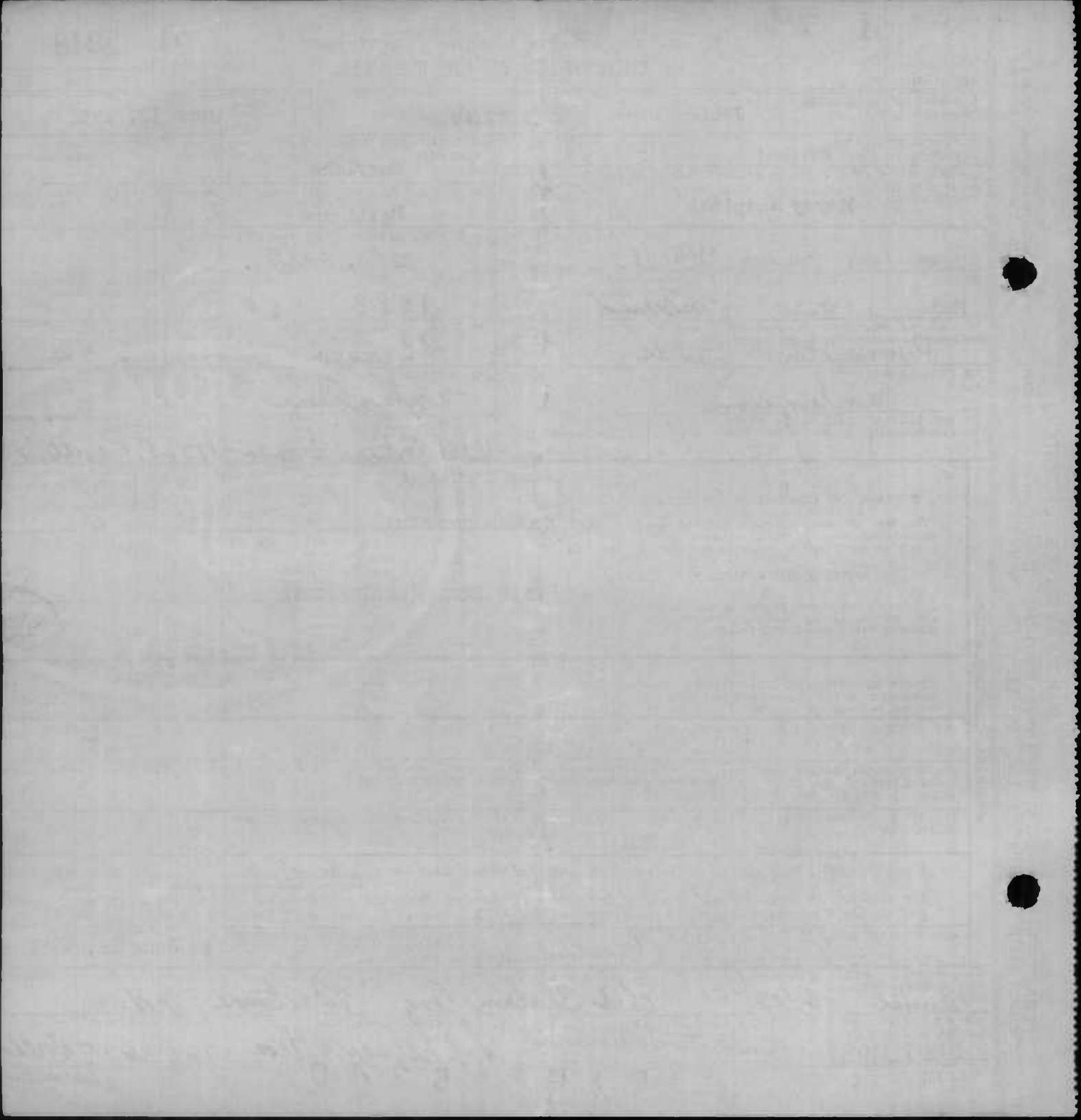
VS 151

9-5-290680 5 2 1 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



5-552 51 5249

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5249

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE W. SIMMONS

2. DATE
OF
DEATH

June 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1702 Hollin St.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6/15/1889

9. AGE (In years
last birthday)

61

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

For self

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George W. Simmons

14. MOTHER'S MAIDEN NAME

Ida V. Kasair

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Mrs Blanche Herst Lemmon ST.

ADDRESS

18.

163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley B. Quisla

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 12, 1951

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

6/15/51

24C. NAME OF CEMETERY OR CREMATORY

Trinity Cem.

24D. LOCATION (City, town, or county)

O'Donnell St. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

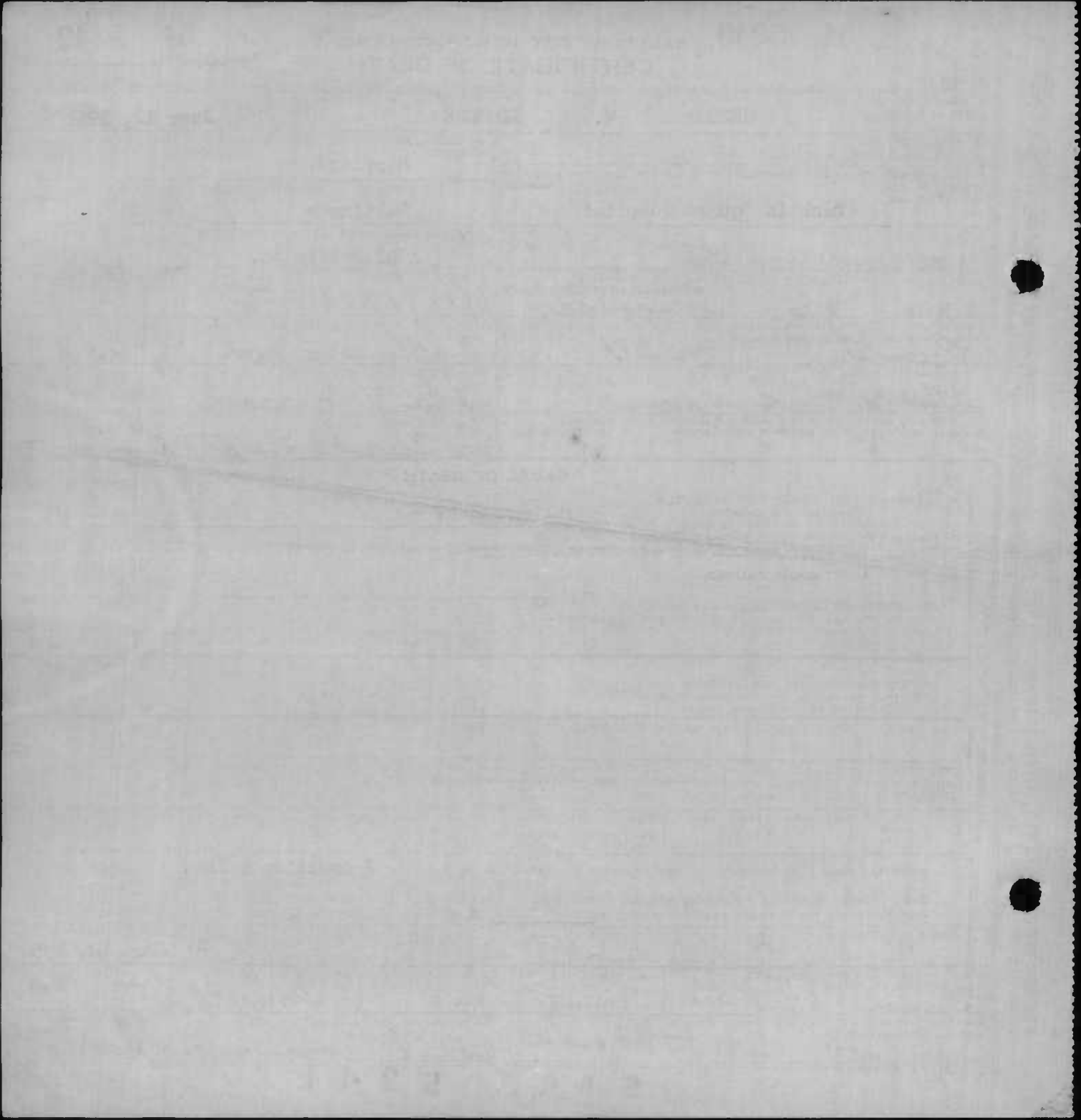
John J. Cowan & Son

JUN 13 1951

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477



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARGIN RESERVED FOR BINDING

F. 540

51 5250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5250

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIE FENNELL		2. DATE OF DEATH JUNE 9, 1957	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY MD			
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01			
c. Length of stay in Baltimore 9 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 540 W Biddle Street			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 1907	9. AGE (in years last birthday) 44 yr	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY laborer	11. BIRTHPLACE (State or foreign country) Wallace NC		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Andrew Fennell		14. MOTHER'S MAIDEN NAME Mary Newton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Rebecca 3 Davis Wallace NC		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic and Hypertensive Heart Disease		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Durocher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 6/10/57	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/13/57		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) 937		25. FUNERAL DIRECTOR ADDRESS 1500 Mt. Calvary			
DATE RECEIVED BY LOCAL REGISTRAR JUN 13 1957		REGISTRAR'S SIGNATURE Thurston Williams, M.D.			

VS 151

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1500 Mt. Calvary

1

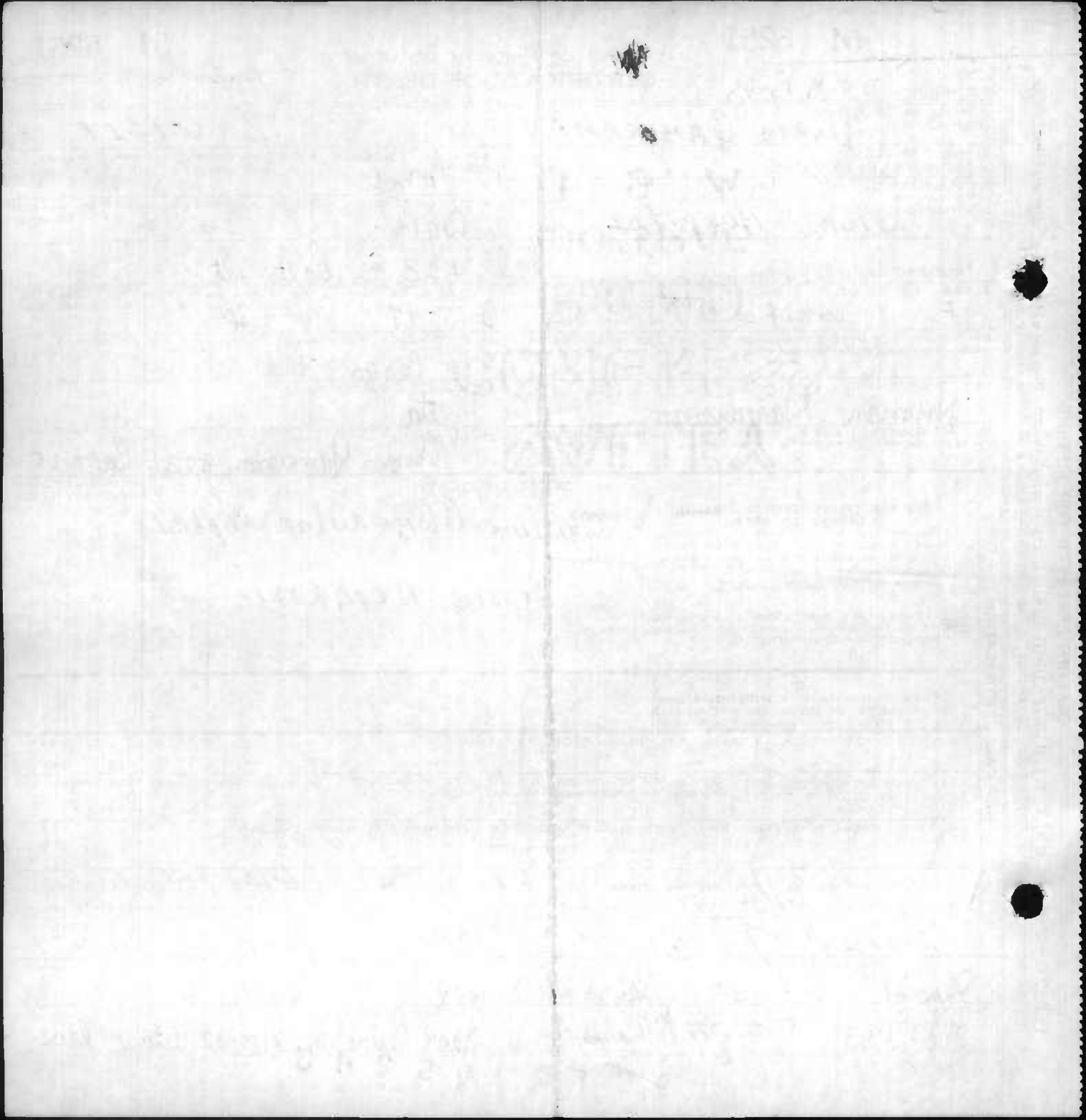
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

51 5251		BALTIMORE CITY HEALTH DEPARTMENT		51 5251	
BIRTH NO. <i>B.C. 873442</i>		CERTIFICATE OF DEATH		Registered No. _____	
1. NAME OF DECEASED (Type or Print) <i>GLORIA GAMBERMAN</i>			2. DATE OF DEATH <i>6-13-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>3-02</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>823 E. Balto. St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <i>3-15-47</i>	9. AGE (In years last birthday) <i>4'</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Balto., Md.</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Hyman Gamberman</i>			14. MOTHER'S MAIDEN NAME <i>Netta</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>Hyman Gamberman, 823 E. Balto. St.</i>		
18. <i>597X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Glomerular Nephritis</i> DUE TO _____			INTERVAL BETWEEN ONSET AND DEATH _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Lipoid Nephrosis</i> DUE TO _____			_____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>6-13-51</i>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>6-1</i> 19 <i>51</i> to <i>6-13</i> 19 <i>51</i> , that I last saw the deceased alive on <i>6-13</i> 19 <i>51</i> , and that death occurred at <i>7 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>David Thayer</i> M. D.		23B. ADDRESS <i>Sinai Hosp</i>		23C. DATE SIGNED <i>6-13-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6-13-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>DeWitt Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Balto., Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 13 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Wm. Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>Jack Lewis, Inc.</i>		24H. ADDRESS <i>2100-02 Eutaw Place</i>		VS 150	

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51 5252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5252

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KENNETH

B.

TODD, Sr.

2. DATE
OF DEATH June 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE 2301 W. Baltimore St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-04

D. STREET ADDRESS (If rural, give location)

2301 W. Baltimore St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Sept. 1, 1895

9. AGE (In years
last birthday)

55

10 Under 1 Year Months: Days
11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

mechanic

10B. KIND OF BUSINESS OR INDUSTRY

Laundry Maintenance

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert Todd

14. MOTHER'S MAIDEN NAME

Lotta Houck

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Grace Todd - 2809 Kinsey Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Coronary artery sclerosis

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Bensch

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
June 12, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

6/14/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Crem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 13 1951

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

2 Km. J. Lickner & Sons -

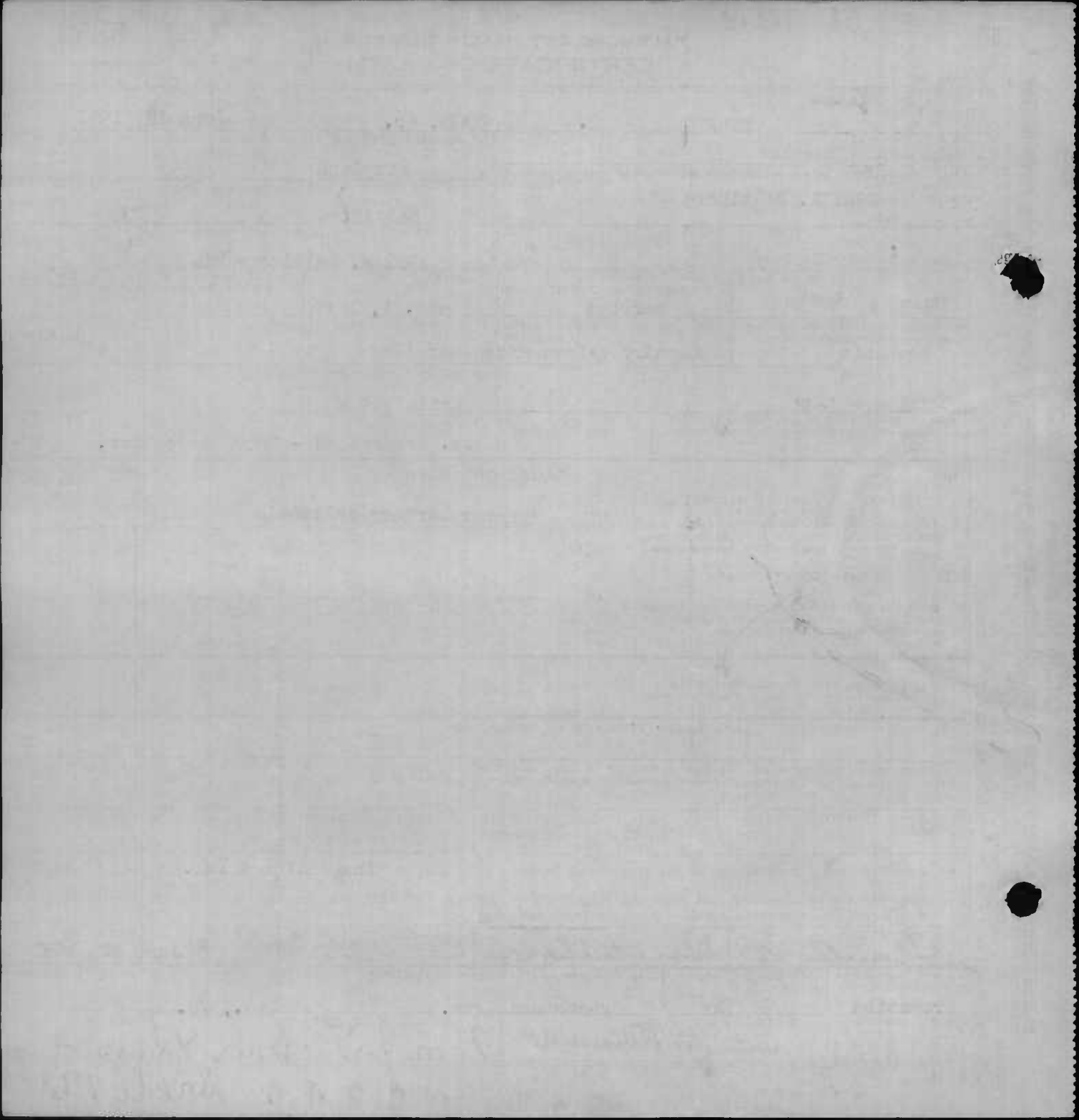
V S 151

5540850 52494 Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

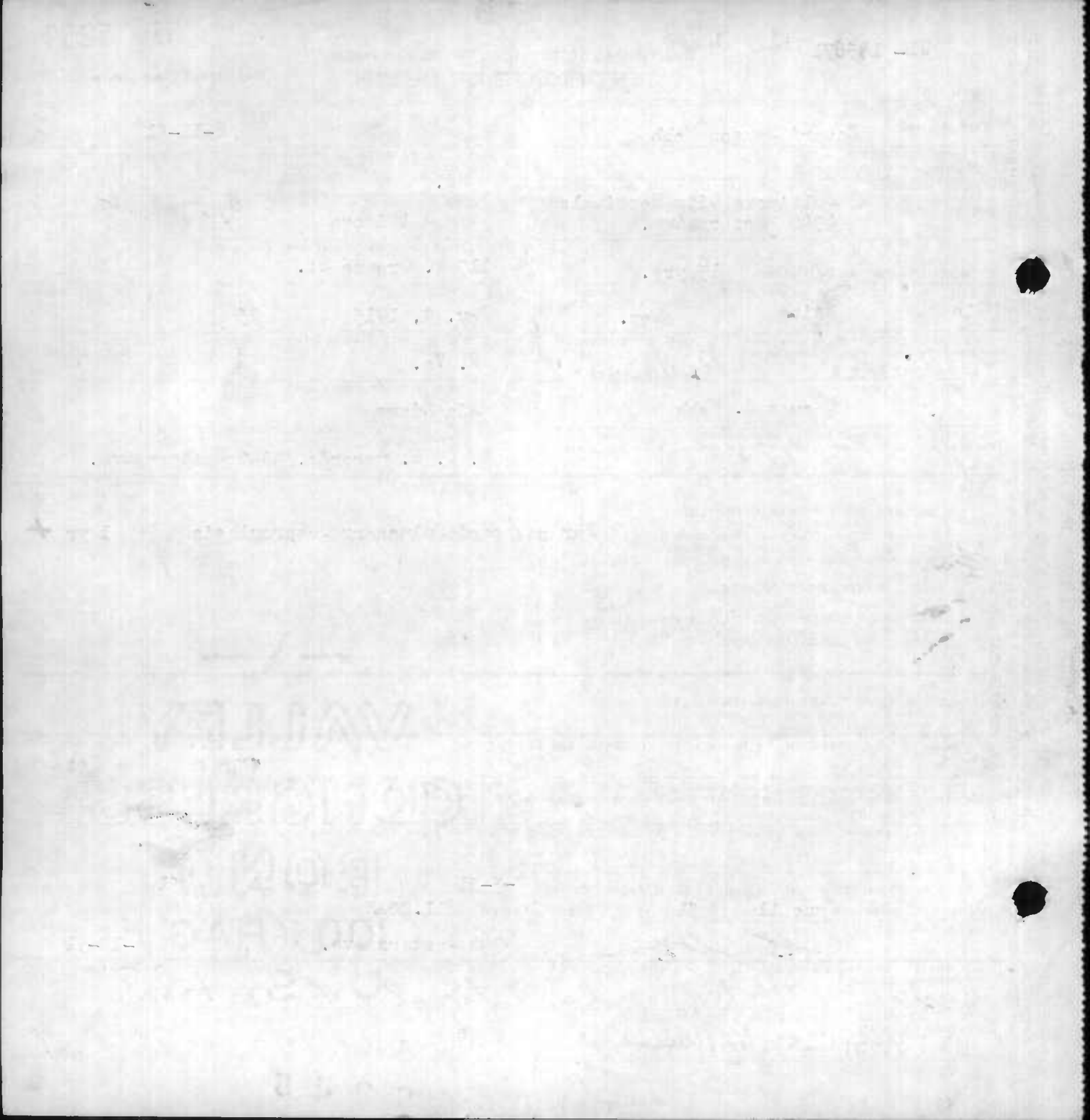
MEDICAL CERTIFICATION



100 JL 145671 51 5253		BALTIMORE CITY HEALTH DEPARTMENT		51 5253	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Howard Ranson Webb			2. DATE OF DEATH 6-11-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 15 yrs.			D. STREET ADDRESS (If rural, give location) 113 N. Greene St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sep.	8. DATE OF BIRTH Nov. 9, 1915	9. AGE (in years last birthday) 35	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worker		10B. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) W. Va.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas S. Webb			14. MOTHER'S MAIDEN NAME Ada Adams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. W. W. #2	17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Far advanced Pulmonary Tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 yr +		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-5-51, 1951, to June 11, 1951, that I last saw the deceased alive on June 11, 1951, and that death occurred at 11.20 AM from the causes and on the date stated above.					
23A. SIGNATURE C. S. Cloz		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 6-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/14/51		24C. NAME OF CEMETERY OR CREMATORY U.S. National	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 13 1951		24F. REGISTRAR'S SIGNATURE L. J. Williams, M.D.	
24G. FUNERAL DIRECTOR Wm. Cook Inc.		24H. ADDRESS 1217 St. Paul St.		24I. VS 150	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

CERTIFICATE CORRECTED 6-20-51

51 5254

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5254

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELIZABETH TANEY			2. DATE OF DEATH June 11, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 423 Kenneth Squars			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 423 Kenneth Square		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 5, 1870	9. AGE (In years last birthday) 80	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY At home		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME (Unknown) Quintel			14. MOTHER'S MAIDEN NAME Catherine Flatman Henrietta E. Flatman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Miss Virginia Taney, 423 Kenneth Square			ADDRESS		

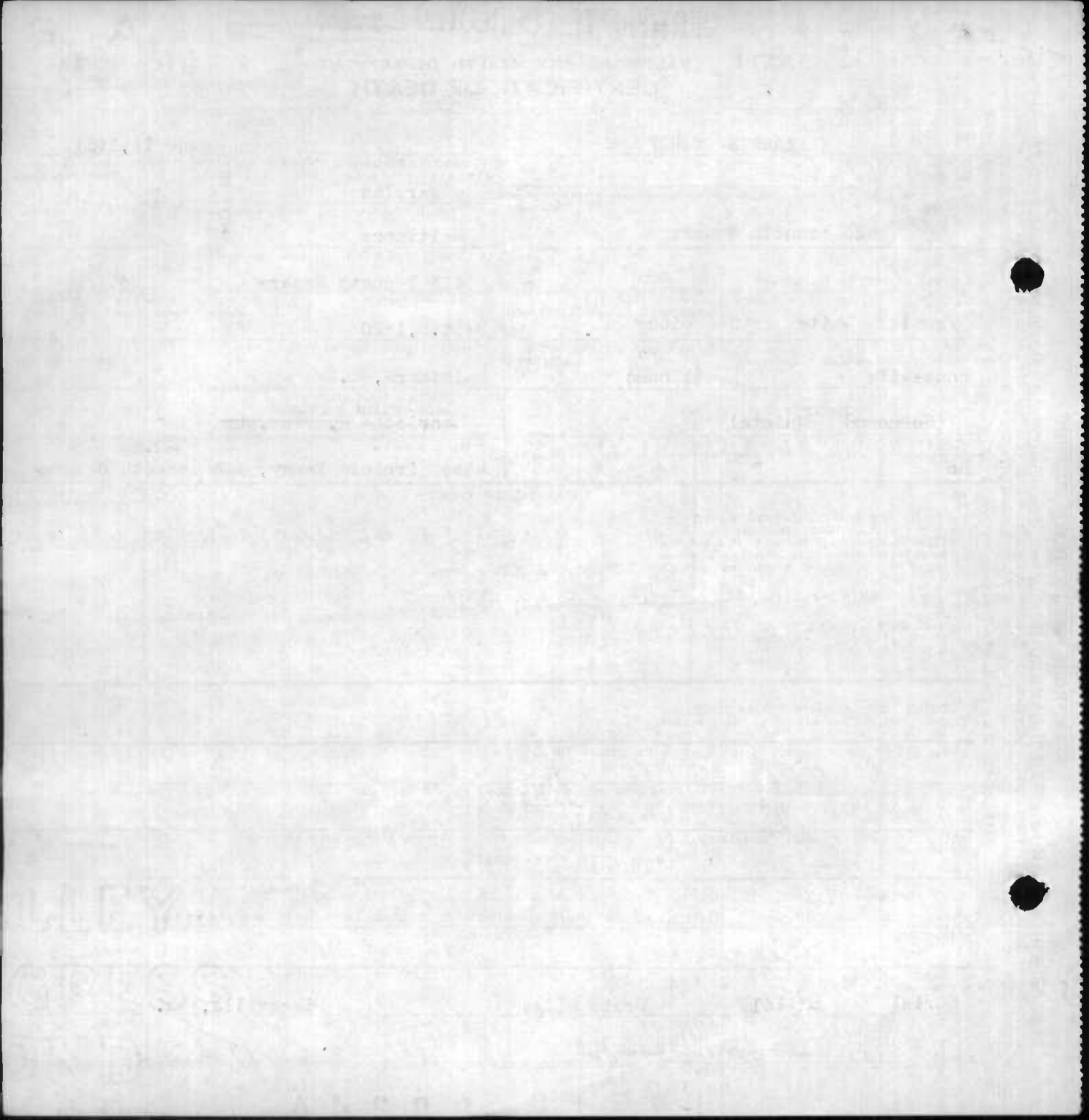
18. 331X	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) CEREBRAL HEMORRHAGE	10 days	
ANTECEDENT CAUSES	(B) ARTERIOSCLEROSIS	10 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) SENILITY	10 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. NONE			

19A. DATE OF OPERATION NONE	19B. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 5, 1951 , to June 11, 1951 , that I last saw the deceased alive on June 5, 1951 , and that death occurred at 6:20 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE H. J. Chaffin	23B. ADDRESS 6810 York Rd	23C. DATE SIGNED June 13, 51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/14/51	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge
24D. LOCATION (City, town, or county) (State) Pikesville, Md.	25. FUNERAL DIRECTOR W. H. Jones 1217 St Paul	
DATE RECEIVED BY LOCAL REGISTRAR JUN 13 1951	REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	

VS 150

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51 5255

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5255

Registered No. _____

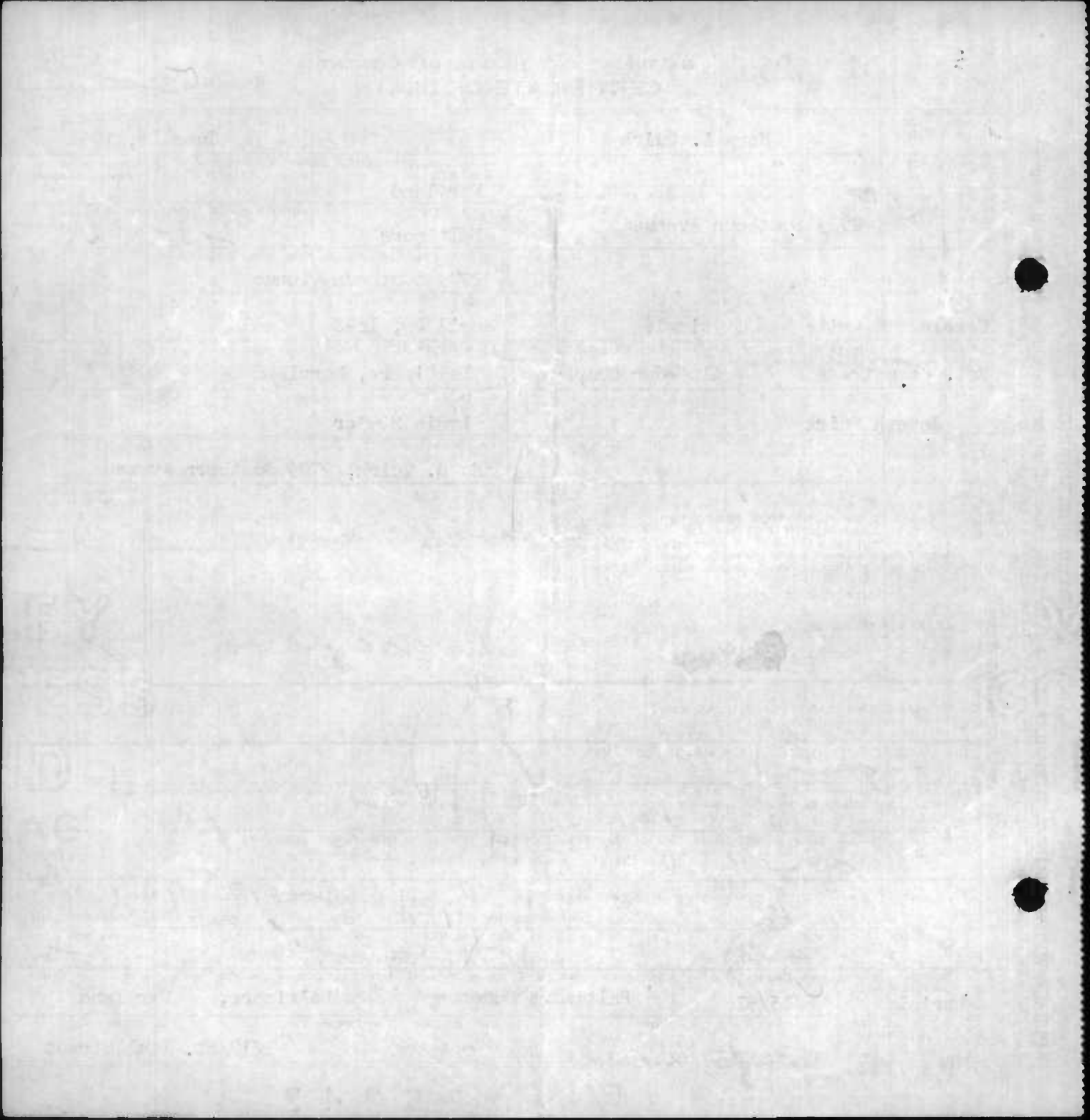
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mary L. Quirk		June 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2705 Southern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-02			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2705 Southern Avenue			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 24, 1898	9. AGE (In years last birthday) 53	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Seamstress		10B. KIND OF BUSINESS OR INDUSTRY Altfeder Company		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Joseph Quirk		14. MOTHER'S MAIDEN NAME Lydia Miller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Ada G. Quirk, 2705 Southern Avenue	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 I		CAUSE OF DEATH (A) Coronary Occlusion DUE TO (B) Coronary Occlusion (C) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hours 1940	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH No		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1940 to June 12, 1951, that I last saw the deceased alive on 6-12, 1951, and that death occurred at 4:15 a.m., from the causes and on the date stated above.					
23A. SIGNATURE L. R. Goody		23B. ADDRESS M. D. 5706 Hartford Road		23C. DATE SIGNED 6-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/15/51		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	
DATE RECEIVED BY LOCAL REGISTRAR JUN 13 1951		REGISTRAR'S SIGNATURE T. W. Williams, Jr.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

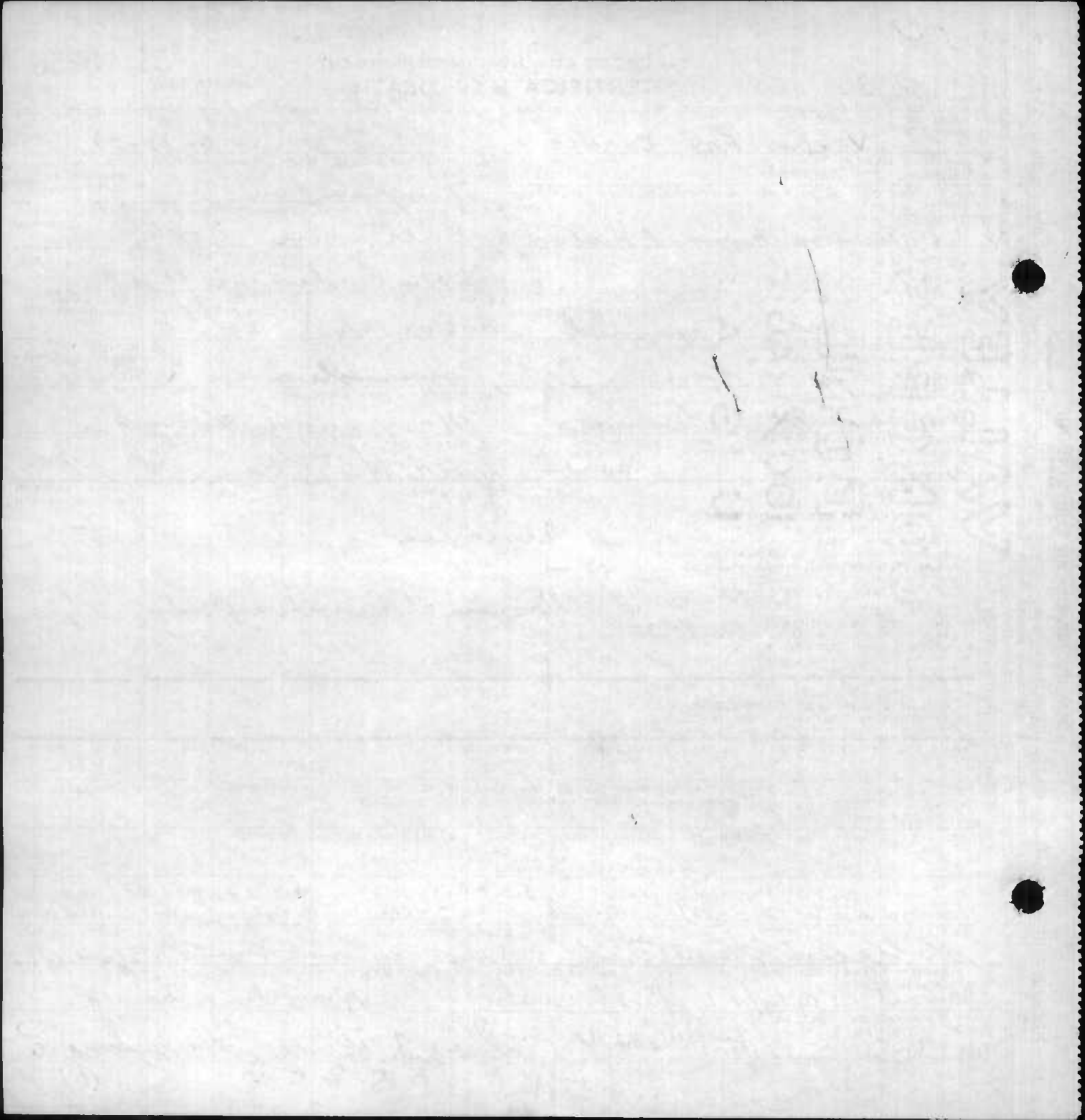
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94a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 5256BIRTH NO. 51 5256

1. NAME OF DECEASED (Type or Print) VERDA FAY CHANCE			2. DATE OF DEATH 6-13-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 26-03		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3416 Erdman Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH AUG 18, 1914	9. AGE (in years last birthday) 34	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Harren M. Johnson			14. MOTHER'S MAIDEN NAME Mary Agnes Logan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Everett W. Chance			ADDRESS Box 140		
18. 592X I CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Uremia DUE TO					3 MONTHS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Chronic glomerulonephritis DUE TO					1 yr
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-20 , 1951, to 6-13 , 1951, that I last saw the deceased alive on 6-13 , 1951, and that death occurred at 7:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Wallace R. Kuttich M.D.			23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 13 June 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/16/51		24C. NAME OF CEMETERY OR CREMATORY East Harvinsburg	
24D. LOCATION (City, town, or county) (State) Harvinsburg Penna.					
DATE RECEIVED BY LOCAL REGISTRAR JUN 13 1951		REGISTRAR'S SIGNATURE Winston Williams, M.D.		FUNERAL DIRECTOR ADDRESS George M. Kuttich Harvinsburg Pa	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5257

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GENEVA MAXINE THOMPSON

2. DATE
OF
DEATH

June 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

14-01

D. STREET ADDRESS (If rural, give location)

1837 Linden Avenue

c. Length of stay in Baltimore 9 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 25, 1922

9. AGE (in years
last birthday)

29

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waitress

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Evenwood, West Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sheridan Thompson

14. MOTHER'S MAIDEN NAME

May Harper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
235-36-6423

17. INFORMANT

ADDRESS

Eva Adams, 1837 Linden Avenue

18. E981X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bullet wounds of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

!!
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

1837 Linden Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 13, 1951 5:30 A.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunbar, M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 13, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/15/51

24C. NAME OF CEMETERY OR CREMATORY

ELKINS

24D. LOCATION (City, town, or county)

West Virginia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 13 1951

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles P. Towell, 2427 Edmondson Ave.

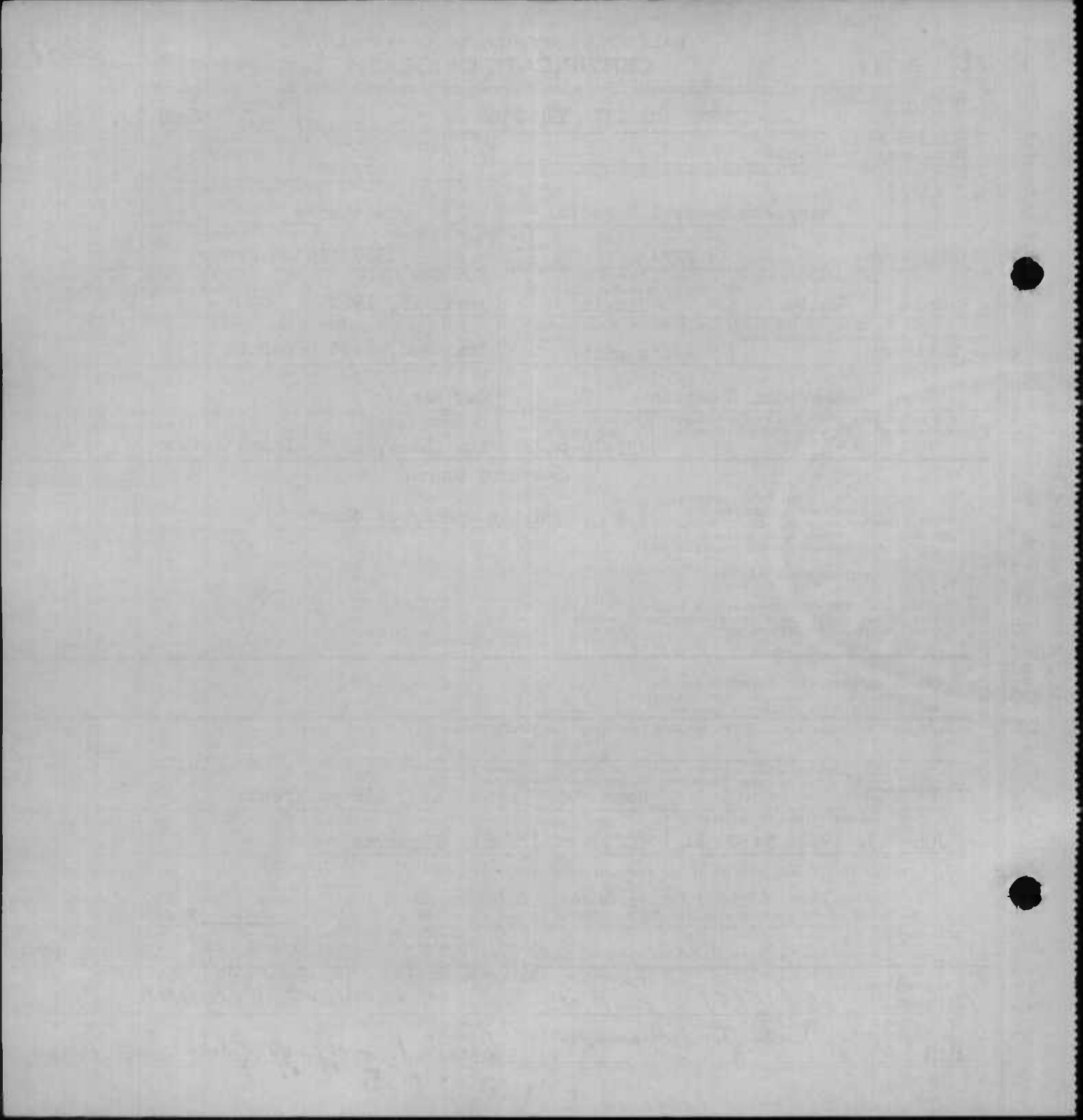
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 5258

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)HARVEY LEISTER2. DATE
OF
DEATHJune 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MarylandCarroll

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Rural - Westminster

D. STREET ADDRESS (If rural, give location)

Pleasant Valley5600

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar 19, 1900

9. AGE (In years last birthday)

5110 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bus Driver

10B. KIND OF BUSINESS OR INDUSTRY

School Busses

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Daniel Leister

14. MOTHER'S MAIDEN NAME

Florence Ditz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Harvey Leister, Westminster, Md.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Diabetic acidosis with coma24 hrs.

ANTECEDENT CAUSES

(B) DUE TO

Diabetes mellitus10 years.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1951, to June 12, 1951, that I last saw the deceased alive on June 12, 1951, and that death occurred at 7:53 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert T. Parker

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6/13/1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 15, 1951

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Valley Cemetery

24D. LOCATION (City, town, or county)

Pleasant Valley Maryland

(State)

DATE RECEIVED BY LOCAL HEALTH DEPT.

JUN 13 1951

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

C. O. Fries, Elm Lantrytown, Md.

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5259

Registered No. _____

BIRTH NO. 51 5259

1. NAME OF DECEASED (Type or Print) <i>James Boston</i>			2. DATE OF DEATH <i>June 10, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____ CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bar-Wil-Bg Home</i>			D. STREET ADDRESS (If rural, give location) <i>405 Heaven St</i>		
c. Length of stay in Baltimore <i>Life</i>			E. Yrs. Mos. Days		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8-4-1904</i>		9. AGE (in years last birthday) <i>46</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>gr</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>
13. FATHER'S NAME <i>Edward Boston</i>			14. MOTHER'S MAIDEN NAME <i>Julia Boston</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>Mrs Viola Verna</i>			ADDRESS <i>1615 E Preston St</i>		

18. <i>073 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Neuro Syphilis</i> DUE TO <i>aortitis</i> (B) <i>Cardiac Degeneration</i> DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
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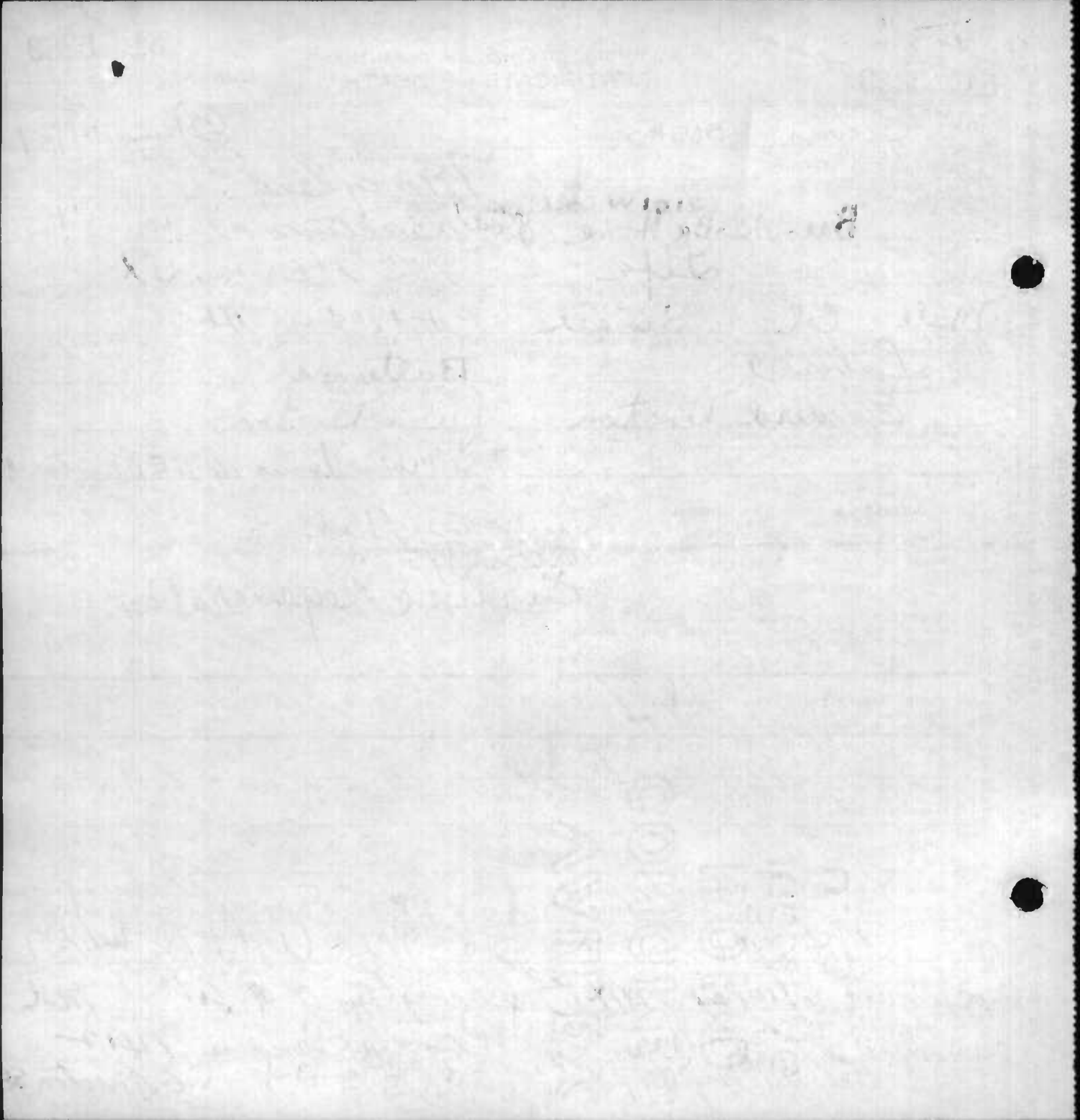
19A. DATE OF OPERATION <i>6/14/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>M. R. Johnson</i>		23B. ADDRESS <i>403 Mel Arts Bg</i>		23C. DATE SIGNED <i>6/11/51</i>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/14/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. Co Md</i>		24E. NAME OF REGISTRAR <i>Thurston Williams</i>		24F. FUNERAL DIRECTOR <i>Rayner Sanders</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 13 1951</i>		24H. REGISTRAR'S SIGNATURE		24I. ADDRESS <i>1412</i>	

VS 150

Created by Dr. Lewis Johnson E Preston St
1951 9 27 199 0 0 5 300

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5260

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Sumner Julian Sr

2. DATE
OF
DEATH

10 June 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO. Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6 May 1870

9. AGE (in years last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. - None

10B. KIND OF BUSINESS OR INDUSTRY

RAILROAD INDUSTRY

11. BIRTHPLACE (State or foreign country)

Davenport Ala.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Julian

14. MOTHER'S MARRIAGE NAME

Lavonia Means

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Emerson Julian 513 N. Schroeder

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Arterio sclerotic Heart Dis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

10 mins.

4 yr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Jan. 1948 to 10 June 51, that I last saw the deceased alive on 10 June 51, and that death occurred at 11 P.m., from the causes and on the date stated above.

23A. SIGNATURE

A.C. Purwell

M. D.

23B. ADDRESS

121 Cisquith St.

23C. DATE SIGNED

11 June 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 14th 51

24C. NAME OF CEMETERY OR CREMATORY

Arbudas

24D. LOCATION (City, town, or county)

Arbudas Md. Md

DATE RECEIVED BY LOCAL REGISTRAR

JUN 13 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Md

25. FUNERAL DIRECTOR

Oliver O Wilson 937

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5261

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Luther George Alexander

2. DATE
OF
DEATH

6-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

N. C.

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)

Baltimore City Hospital
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Concord

D. STREET ADDRESS (If rural, give location)

108 Broad St.

c. Length of stay in Baltimore 21 days

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Div.

8. DATE OF BIRTH

March 29, 1916

9. AGE (in years last birthday)

35

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SEAMAN

10B. KIND OF BUSINESS OR INDUSTRY

Merchant Marine

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richard Alexander

14. MOTHER'S MAIDEN NAME

Lidia McClure

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 019.21

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Military Tuberculosis

DUE TO

4 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22-51, 19, to June 12, 1951 that I last saw the deceased alive on June 12, 1951 and that death occurred at 1.40AM., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

6-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 13 1951

H. C. Rogers

Mrs. Katharine Williams

VS 150

1 673 558 005

13B

AMTIX

E 240

51 5262

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5262

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy EZZELLE

2. DATE
OF
DEATH

MAY 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland ALH-PR MOR.

4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)

A. STATE MARYLAND B. COUNTY Calvert

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BARTSTOW

D. STREET ADDRESS (If rural, give location)

5400

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

5-30-51

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

16

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GEORGE EZZELLE

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18.

776X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Prematurity

INTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-30, 1951, to 5-31, 1951, that I last saw the
deceased alive on 5-31, 1951, and that death occurred at 1:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

R. M. Bass

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 14 1951

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Hospital

Disposal

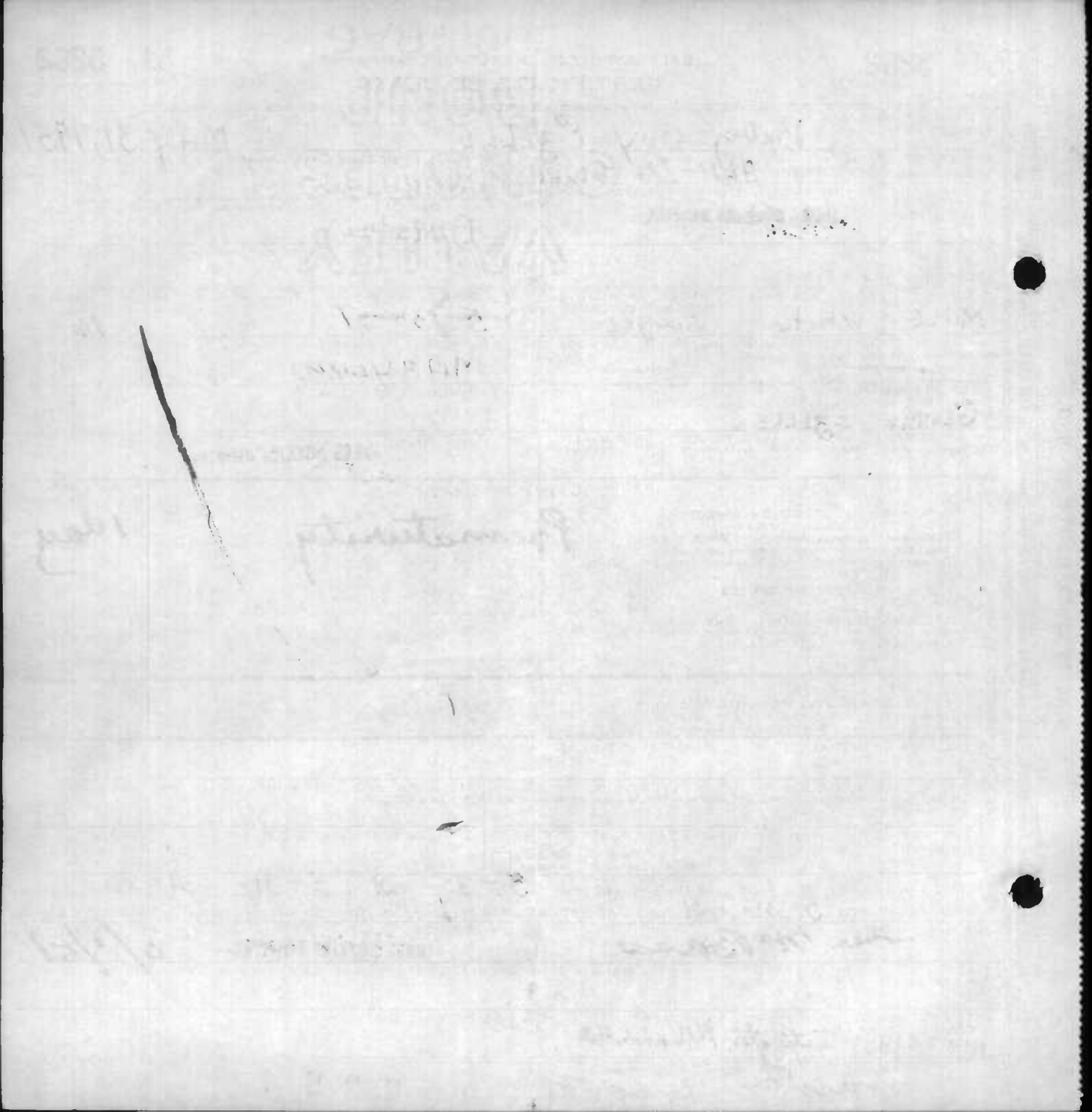
0005254

159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5263
Registered No. _____

1. NAME OF DECEASED (Type or Print) Walter Gates		2. DATE OF DEATH June 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 31 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1824 Bolton Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 26, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Canning Co.	9. AGE (in years last birthday) 51 If Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Gates		14. MOTHER'S MAIDEN NAME Jenny Robinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 214-03-3502	
17. INFORMANT Records: B. C. H.		ADDRESS 4940 Eastern Avenue	

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Shock DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ? Myocardial Infarction DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 5 min. 4 hrs.
--	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-13 , 19 51 , to 6-13 , 19 51 , that I last saw the deceased alive on 6-13 , 19 51 , and that death occurred at 8:10P m., from the causes and on the date stated above.					
23A. SIGNATURE C. S. Rogers M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/16/51		24C. NAME OF CEMETERY OR CREMATORY Colesville Cem.	
24D. LOCATION (City, town, or county) (State) Montgomery Co., Md.		25. FUNERAL DIRECTOR Warner E. Rumphrey Silver Spring Md.		ADDRESS 942	
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1951		REGISTRAR'S SIGNATURE Walter E. Rumphrey		25. FUNERAL DIRECTOR Warner E. Rumphrey	

278

1

THE UNIVERSITY OF CHICAGO PRESS
54 EAST STATE STREET
CHICAGO, ILL. 60601

1971

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CHICAGO, ILL. 60601

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54 EAST STATE STREET
CHICAGO, ILL. 60601

CERTIFICATE CORRECTED

6-25-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 5264

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES WM. Schafer

2. DATE
OF DEATH June 12, 19513. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3518 Coolidge Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3518 Coolidge Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 12, 1877

9. AGE (In years
last birthday)

73

10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR
INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Schafer

Hollins Market

14. MOTHER'S MAIDEN NAME

Mary C.-----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mable L. Schafer, 3518 Coolidge Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Deulacher

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
June 12, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 14/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 14 1951

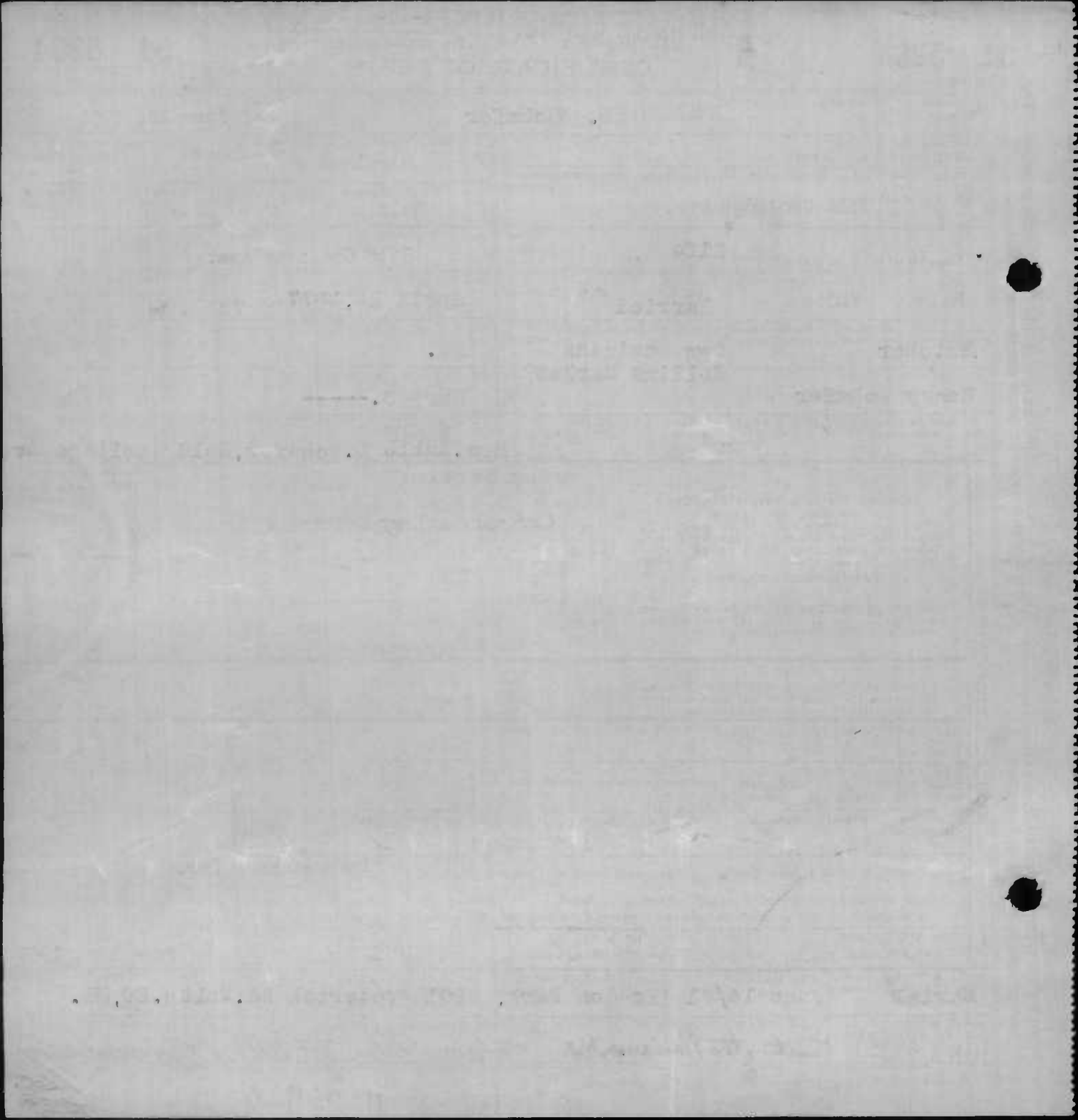
REGISTRAR'S SIGNATURE

Timothy J. Williams, M.D.

25. FUNERAL DIRECTOR

Harry H. Hight, 4101 Edmondson

ADDRESS

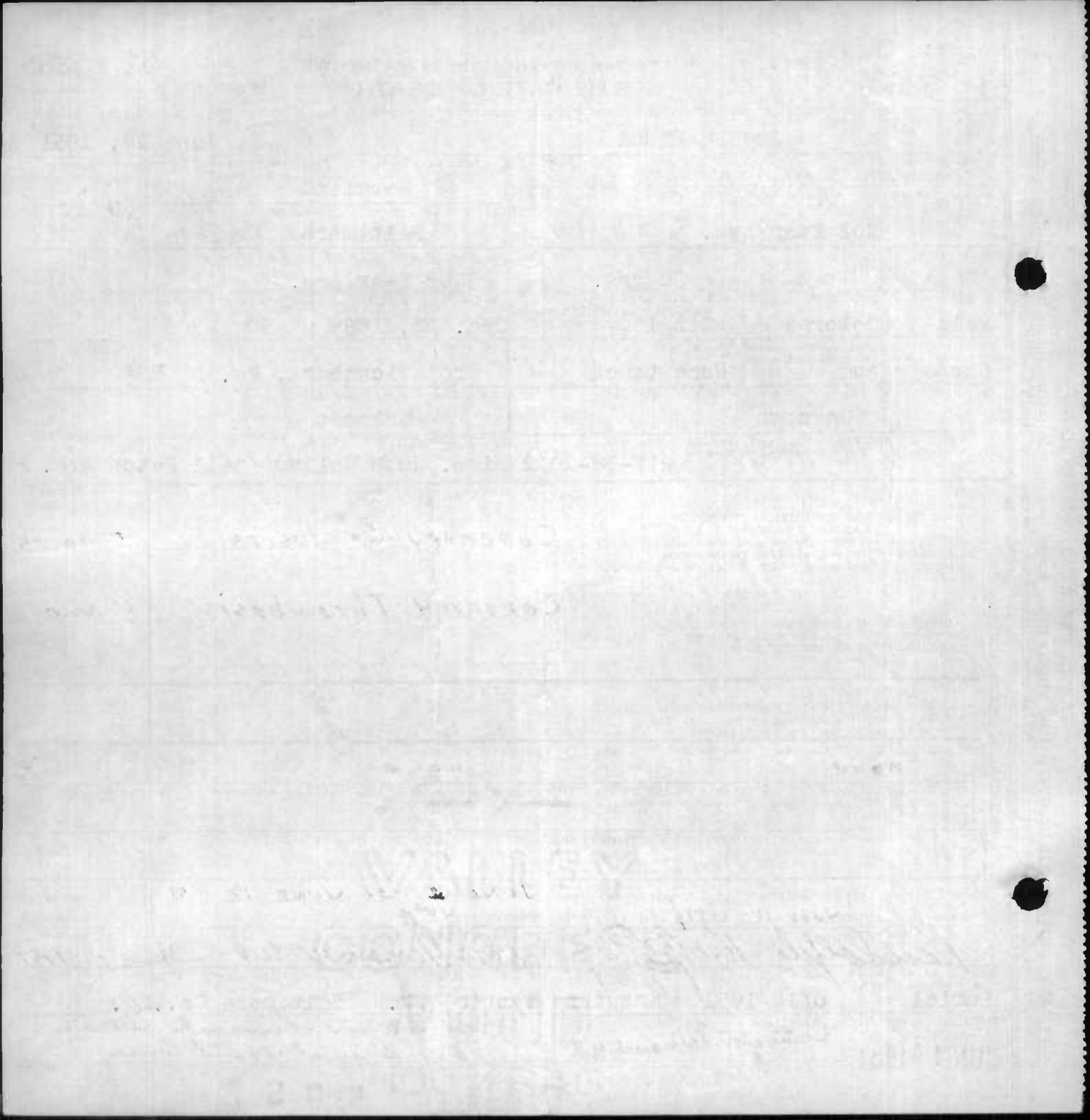


PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5265
Registered No.

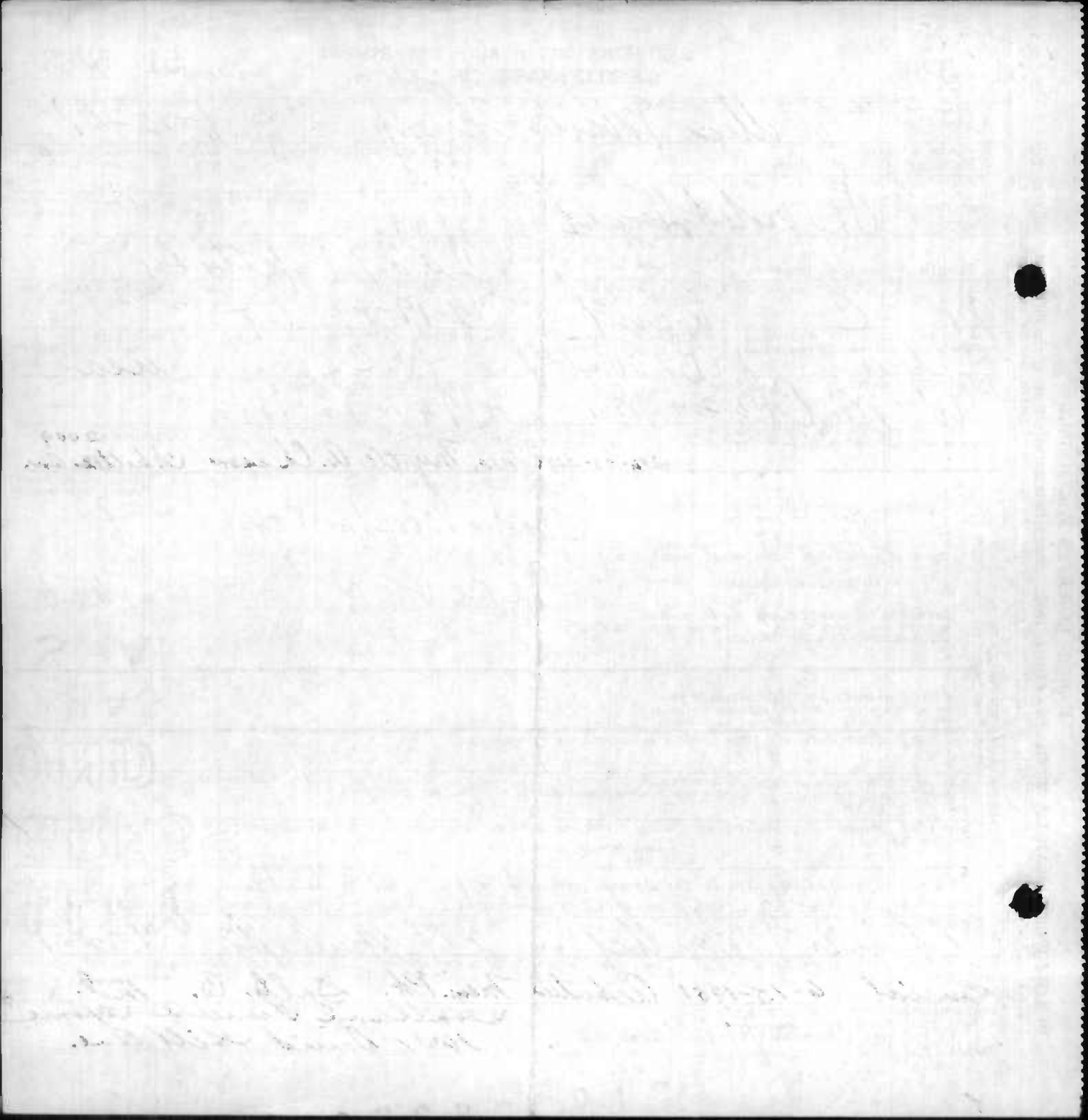
1. NAME OF DECEASED (Type or Print) JOSEPH MINOR		2. DATE OF DEATH June 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3802 Fear Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 30 yrs.		D. STREET ADDRESS (If rural, give location) 3802 Fear Ave.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 22, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse groom		10B. KIND OF BUSINESS OR INDUSTRY Race track	9. AGE (In years last birthday) 50 If Under 1 Year Months Days If Under 24 Hours Hours Min.
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Fredericksburg, Va.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 217-18-2032		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Miss. Ruth Walley		ADDRESS 3413 Paton Ave.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION DUE TO ANTECEDENT CAUSES CORONARY THROMBOSIS DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 5 hours 8 mo
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUNE 2, 1951 , to JUNE 12, 1951 , that I last saw the deceased alive on June 11, 1951 , and that death occurred at 4:00 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Randolph H. Spitzler, M.D.		23B. ADDRESS 5010 Denmore Ave.	
23C. DATE SIGNED June 13, 1951		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 6/14/1951		24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk.	
24D. LOCATION (City, town or county) (State) Baltimore Co., Md.		DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1951	
REGISTRAR'S SIGNATURE Walter H. Williams, M.D.		25. FUNERAL DIRECTOR Walter H. Williams, M.D.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5266

BIRTH NO. 51 5266			1. NAME OF DECEASED (Type or Print) <i>William Martin Chesson</i>			2. DATE OF DEATH <i>6-12-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>15-04</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>39 Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>					
c. Length of stay in Baltimore <i>35</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2009 Whittier Ave</i>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-19-84</i>		9. AGE (In years last birthday) <i>64</i>	10. Under 1 Year Months: Days		10. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Secretary</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Baltimore</i>		11. BIRTHPLACE (State or foreign country) <i>N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
13. FATHER'S NAME <i>W. M. Chesson Sr.</i>			14. MOTHER'S MAIDEN NAME <i>AYANDA MAYO</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>216-03-2126</i>		17. INFORMANT <i>Myrtle A. Chesson</i>		ADDRESS <i>2009 Whittier Ave.</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardio Vascular Renal</i>			CAUSE OF DEATH (A) <i>Cardio Vascular Renal</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>1 Week</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Uremia</i> DUE TO (C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>6-1</i> , 19 <i>54</i> , to <i>6-12</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6-12</i> , 19 <i>54</i> , and that death occurred at <i>1 A</i> m., from the causes and on the date stated above.								
23A. SIGNATURE <i>Charles T. Woodhull</i>			23B. ADDRESS <i>861 Harlan St.</i>			23C. DATE SIGNED <i>6-12-51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>6-15-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>		24D. LOCATION (City, town, or county) (State) <i>Bald. Co. Ind.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 14 1951</i>			REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>			25. OWNER OF FUNERAL HOME <i>1651 Druid Hill Ave.</i>		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5267**

1. NAME OF DECEASED (Type or Print) CHARLES B. PEARMAN			2. DATE OF DEATH June 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 508 S. Lakewood Avenue					
5. SEX M		6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8/18/82
9. AGE (In years last birthday) 68		10. UNDER 1 Year Months: Days		11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Retired			10B. KIND OF BUSINESS OR INDUSTRY SERVICE MAN - GAS CO.		
13. FATHER'S NAME Tony Pearman			14. MOTHER'S MAIDEN NAME Nettie Cragg		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. SAW		17. INFORMANT ADDRESS Records-US Marine Hospital, Balto, Md.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction old with calcific pericarditis			INTERVAL BETWEEN ONSET AND DEATH Unknown
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary sclerosis with occlusion.			Unknown
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) (Minute)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 2, 1951 to June 12, 1951 , that I last saw the deceased alive on June 12, 1951 and that death occurred at 11:05 P. M. from the causes and on the date stated above.			
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US Marine Hospital, Balto, Md.	
23C. DATE SIGNED 6/13/51			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY National C.		24D. LOCATION (City, town, or county) (State) Balto	
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1951		REGISTRAR'S SIGNATURE William H. Williams, Jr.	
25. FUNERAL DIRECTOR William H. Williams, Jr.		ADDRESS 2004 Clear	

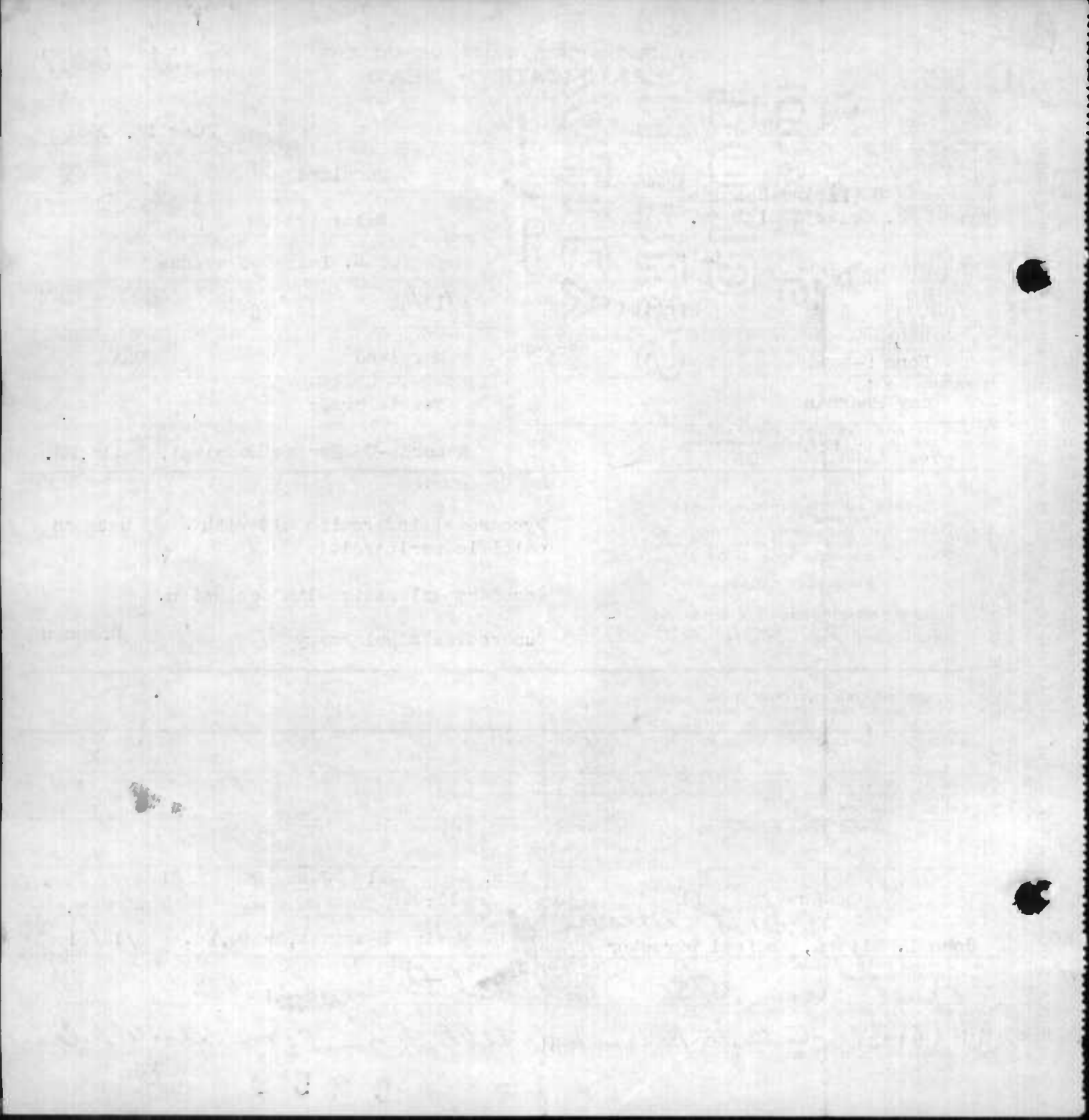
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554 55 10 5 2 5 0 12B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

RG



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5268
Registered No.

ND-15999 51 5268
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Seth H. Nichols		2. DATE OF DEATH June 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write full name of township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 5, 1868
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82
13. FATHER'S NAME Clayton Nichols		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Katie Stien	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH Yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6-20-50	19B. MAJOR FINDINGS OF OPERATION Supra-Condylar Amputation right leg	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-15**, 19**35**, to **6-6**, 19**51**, that I last saw the deceased alive on **6-6**, 19**51**, and that death occurred at **6:35a m.**, from the causes and on the date stated above.

23A. SIGNATURE <i>J.S. Hogan</i>	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 6-13-51
-------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/14/51	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (City, town, or county) (State) German Hill Rd. - Md
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1951	REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>	25. FUNERAL DIRECTOR John J. Fahy & Sons	

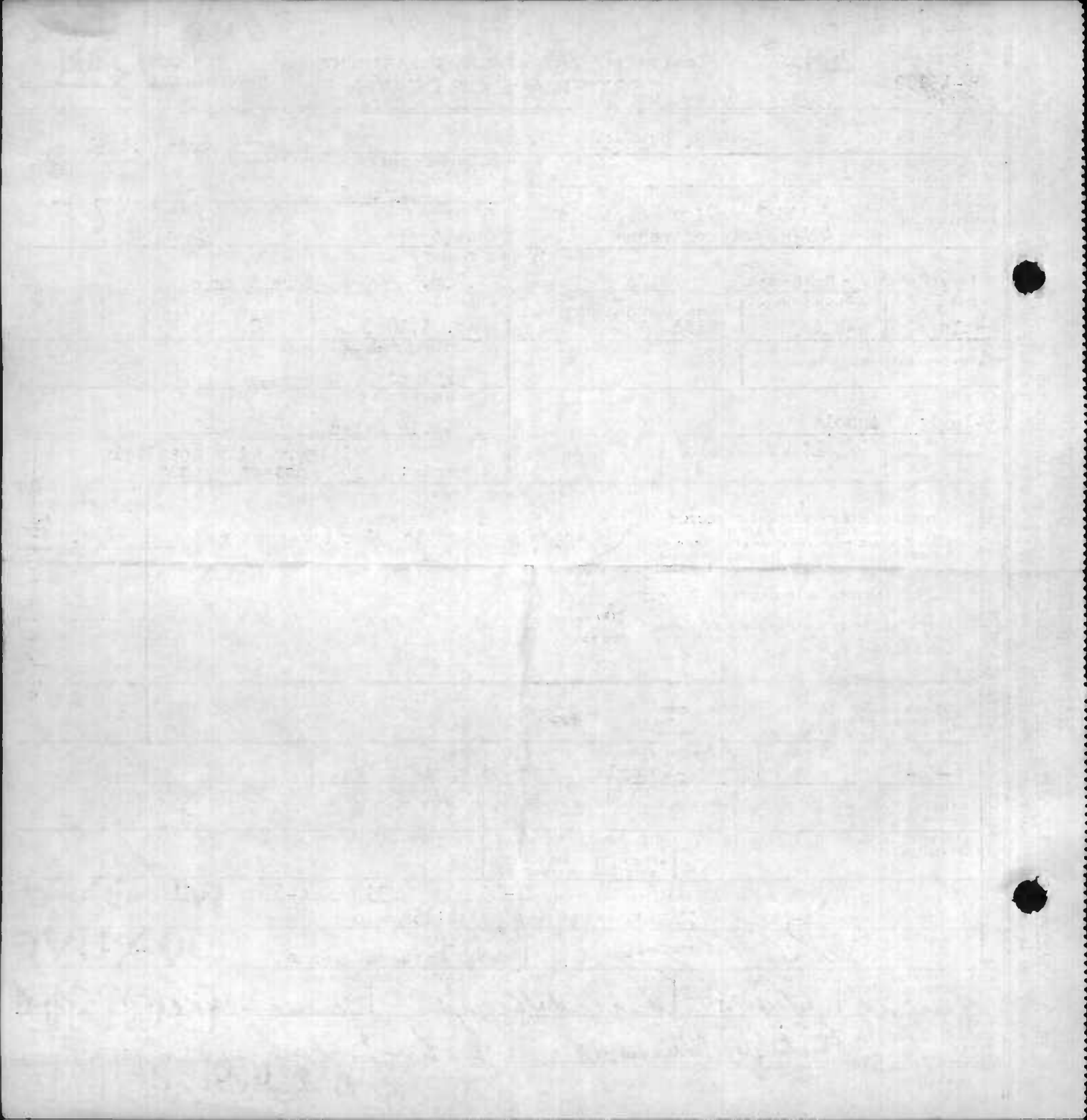
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95

0731 B Light St, 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



51 530
51 5269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5269

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mayfield Josephine Smith

2. DATE
OF
DEATH

6/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

39 Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

16-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

822 N. Carrollton Ave 17

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9/2/1870

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lancaster County Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

M. J. Smith

14. MOTHER'S MAIDEN NAME

Phillis Hatchett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

C. L. Whitfield

ADDRESS 822

N. Carrollton

18. 470.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Heart Failure

5-8-51

DUE TO

Hyp + Art. Heart Disease

ANTECEDENT CAUSES

(B)

Uremia

6-13-51

DUE TO

Hyp + Art. Heart Disease

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-51, 1951, to 6-13-51, 1951, that I last saw the deceased alive on 6-13, 1951, and that death occurred at 5:02 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. Nicolas

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

6/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-16-51

24C. NAME OF CEMETERY OR CREMATORY

St. Auburn Cem.

24D. LOCATION (City, town, or county)

Balto City Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, Jr.

25. FUNERAL DIRECTOR

McKee C. Hensley

ADDRESS

578 W. Biddle St.

JUN 14 1951

VS 150

51000526

937

578 W. Biddle St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Blank lined paper with two punch holes on the right side.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5270
Registered No. 51 5270

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louisa A. Reely

2. DATE
OF
DEATH

June 12/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2601 Hamilton Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

27-06

D. STREET ADDRESS (If rural, give location)

2601 Hamilton Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 12/1876

9. AGE (In years last birthday)

73

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

— Suegle

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Loretta Arbin

ADDRESS *2601 Hamilton Ave*

18. *447x*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Vascular - Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

3 yb.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb - 1, 1957* to *June 12, 1957*, that I last saw the deceased alive on *6-12, 1957*, and that death occurred at *6:30 pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Grosfeld

23B. ADDRESS

540V Belair Rd

23C. DATE SIGNED

6-13-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/16/57

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 14 1957

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

Philip Herwig Sons

ADDRESS

2024 Orleans St

5402 Belair Rd
De Grofield

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-550 Friedman
5104 5271 North

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 5271

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Julia A. Aumen		2. DATE OF DEATH June 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1704 East 25th Street		D. STREET ADDRESS (If rural, give location) 1704 East 25th Street		6. C. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH july 1, 1870	9. AGE (In years last birthday) 80	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME John Landers		14. MOTHER'S MAIDEN NAME Ann Riley		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. James Boyle, 1704 E. 25th St.	
18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac dilatation DUE TO ANTECEDENT CAUSES Hypertensive C. V. R. disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH 1 hr. 20 yrs.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 10, 1948 to June 13, 1951 , that I last saw the deceased alive on June 13, 1951 , and that death occurred at 1204 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph Friedman		23B. ADDRESS 404 E. North Ave		23C. DATE SIGNED 6-13-51	
24A. BURIAL (CREMATION, REMOVAL) (Specify) Burial		24B. DATE 6-18-51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.		25. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1951		REGISTRAR'S SIGNATURE Walter J. Williams, M.D.		25. ADDRESS	

VS 150

17510005

131a

MARGIN CERTIFICATION

WILLIAM

COLEMAN

1910

10/1/10

10/1/10

10/1/10

10/1/10

10/1/10

10/1/10

10/1/10

10/1/10

10/1/10

10/1/10

10/1/10

10/1/10

10/1/10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 5272

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis - heart disease
DUE TO

10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942 19 6/13, 1951, that I last saw the deceased alive on 6/11, 1951, and that death occurred at 9:48 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

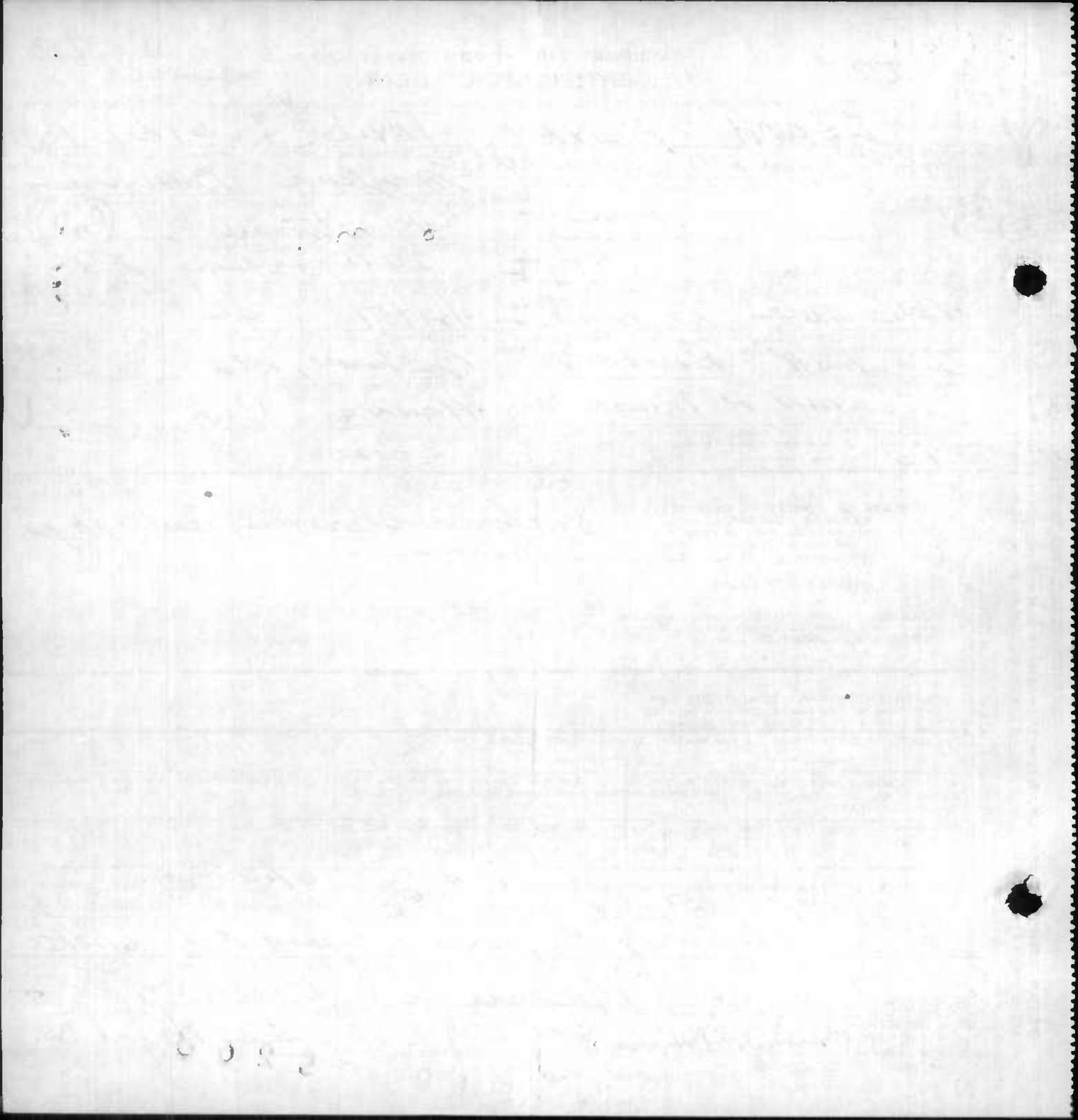
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

951000528 937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5273**

 1. NAME OF DECEASED
(Type or Print)

CHARLES WM KUMLEHN

 2. DATE
OF
DEATH

6/13/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

 b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

 Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

 7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Apr. 4-1902

 9. AGE (In years
last birthday)

49

 If Under 1 Year
Months: Days

 If Under 24 Hours
Hours: Min.

 10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

 10b. KIND OF BUSINESS OR
INDUSTRY

Athen Bakery

13. FATHER'S NAME

HERMAN C. KUMLEHN

 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

 16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Roberta Kumlehn

 ADDRESS **Greenhill**

 18. **592X**

CAUSE OF DEATH

 INTERVAL BETWEEN
ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

 (A) **DREMIA**

DUE TO

ANTECEDENT CAUSES

 DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

 (B) **CHRONIC GLOMERULONEPHRITIS**

DUE TO

CHRONIC GLOMERULONEPHRITIS

(C)

 II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CARDIAC FAILURE

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

 21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

 21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

 21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

 21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

 WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **6/7**, 19**51**, to **6/13**, 19**51** that I last saw the
deceased alive on **6/13**, 19**51**, and that death occurred at **10 A** m., from the causes and on the date stated above.

23a. SIGNATURE

John F. Strahan

M. O.

23b. ADDRESS

University Hosp.

23c. DATE SIGNED

6/13/51

 24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

6-16-51

24c. NAME OF CEMETERY OR CREMATORY

Parkwood

24d. LOCATION (City, town, or county)

Balto, Md.

(State)

 DATE RECEIVED BY
LOCAL REGISTRAR

JUN 14 1951

REGISTRAR'S SIGNATURE

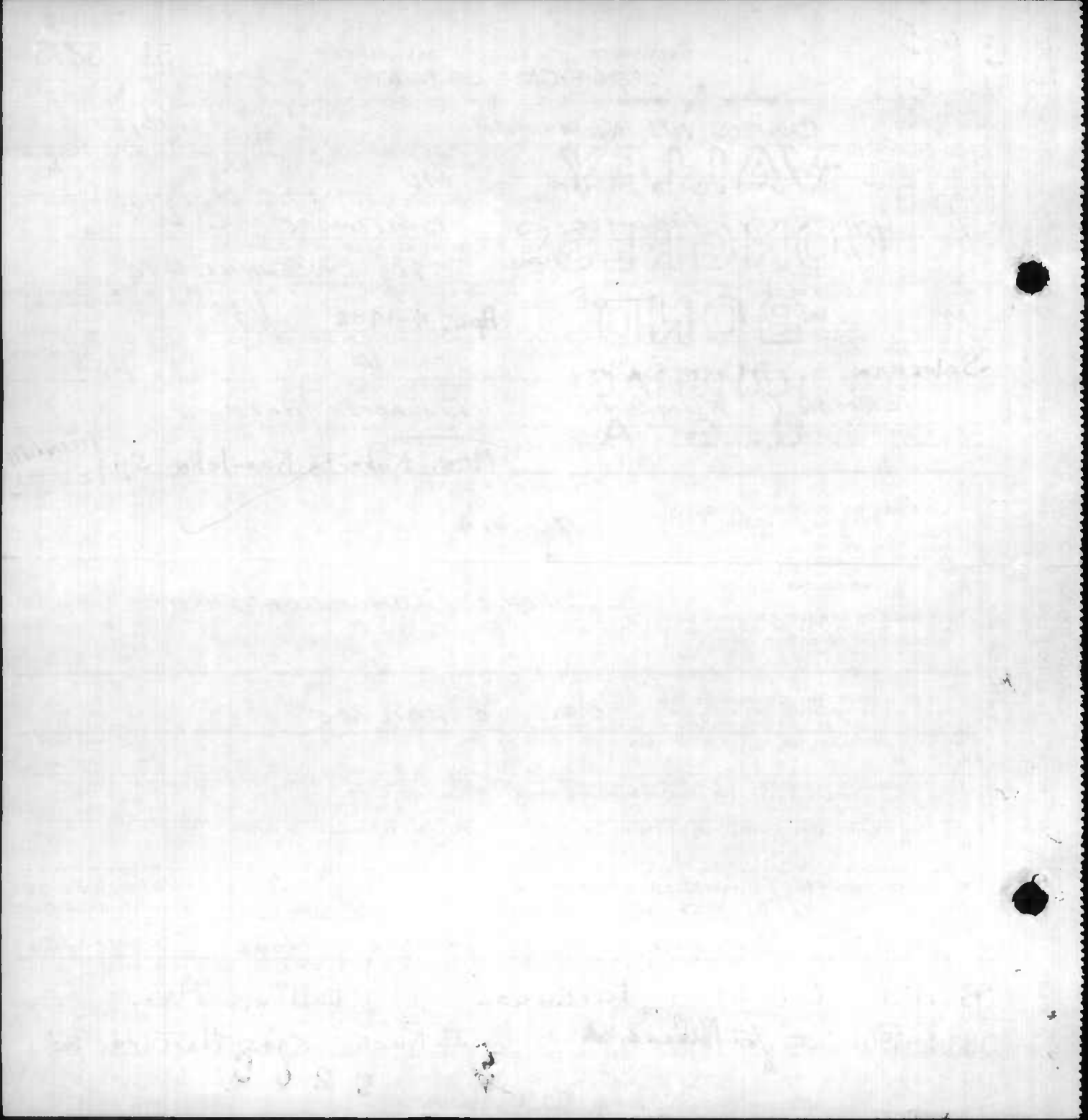
Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 Hartford Rd.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5274
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE H. WAUBBY

2. DATE
OF
DEATH

6/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mary Hospital

C. Length of stay in Baltimore

45 Yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug 19, 1905

9. AGE (In years last birthday)

45

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTH PLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas H. McManus

14. MOTHER'S MAIDEN NAME

Kate Magrath

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Alvin Waubby - 206 Hopkins

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of cervix

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

42-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1951, to June 13, 1951, that I last saw the deceased alive on June 13, 1951, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Frank S. Kuchin

M. D.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

6/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-16-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

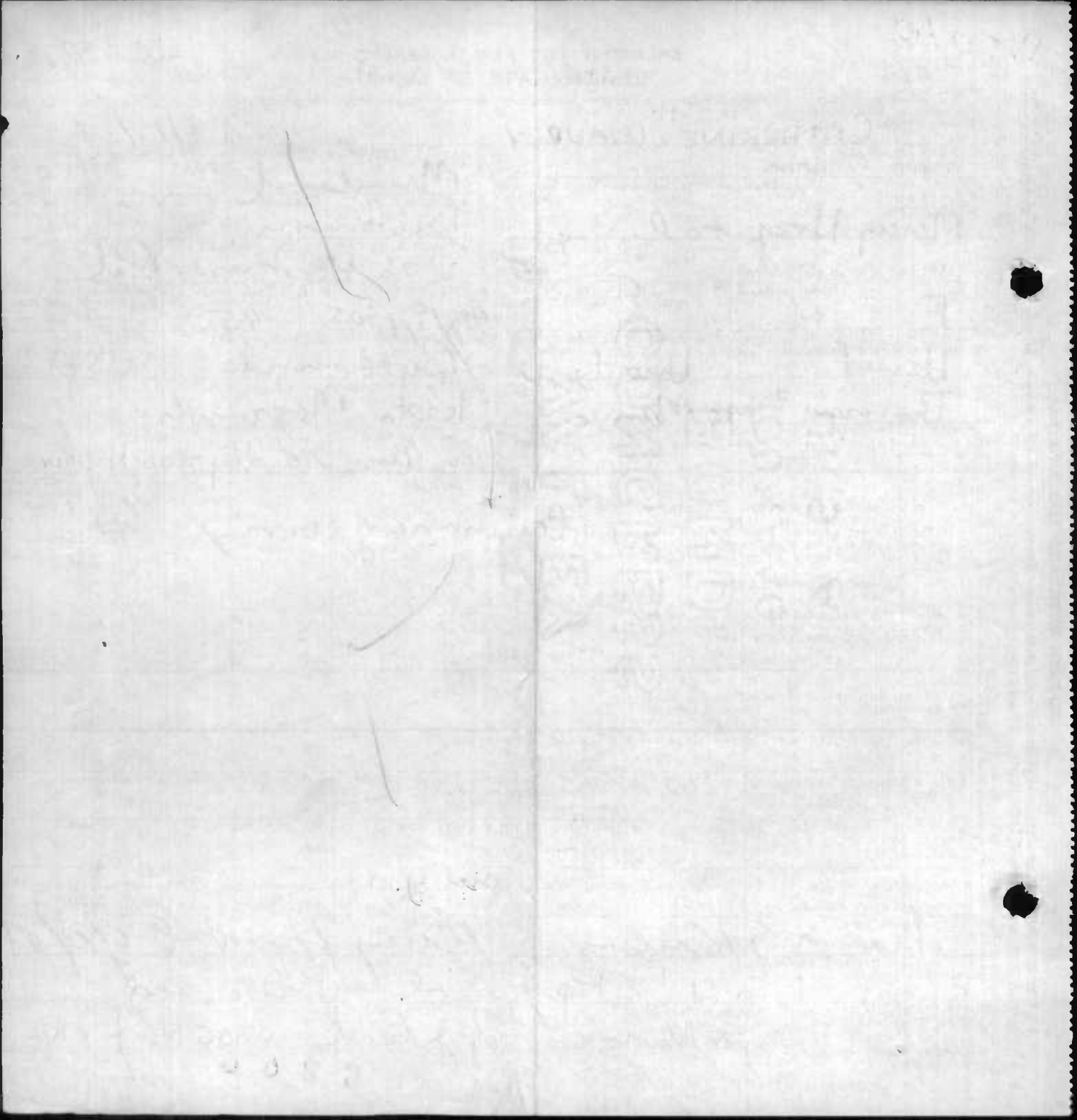
5305 Bayford Rd.

JUN 14 1951

VS 150

19510005260

48a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 5275

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Bonnie Hull2. DATE
OF
DEATH6/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ☒

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MarylandBaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONSouth Baltimore General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Dundalk5300

D. STREET ADDRESS (If rural, give location)

2132 Willow Spring Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Divorced

8. DATE OF BIRTH

10/27/19089. AGE (in years
last birthday)42If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRYRealtors

11. BIRTHPLACE (State or foreign country)

Virginia12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Clarence

14. MOTHER'S MAIDEN NAME

Martha Mullinex15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)No

(If yes, give war or dates of service)

No16. SOCIAL
SECURITY NO.215-54-9570

17. INFORMANT

URSULA J. KOCHLER

ADDRESS

7906 14TH AVE.
HYATSVILLE, MD.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of Cervix Uteri
DUE TO with metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7/51, 1951, to 6/13/51, 1951, that I last saw the
deceased alive on 6/13/51, 1951, and that death occurred at 6:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Calvin Y. Haselton

M. D.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

6/13/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL6/16/51MORRILL MEM. PK.BALTO., MD.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

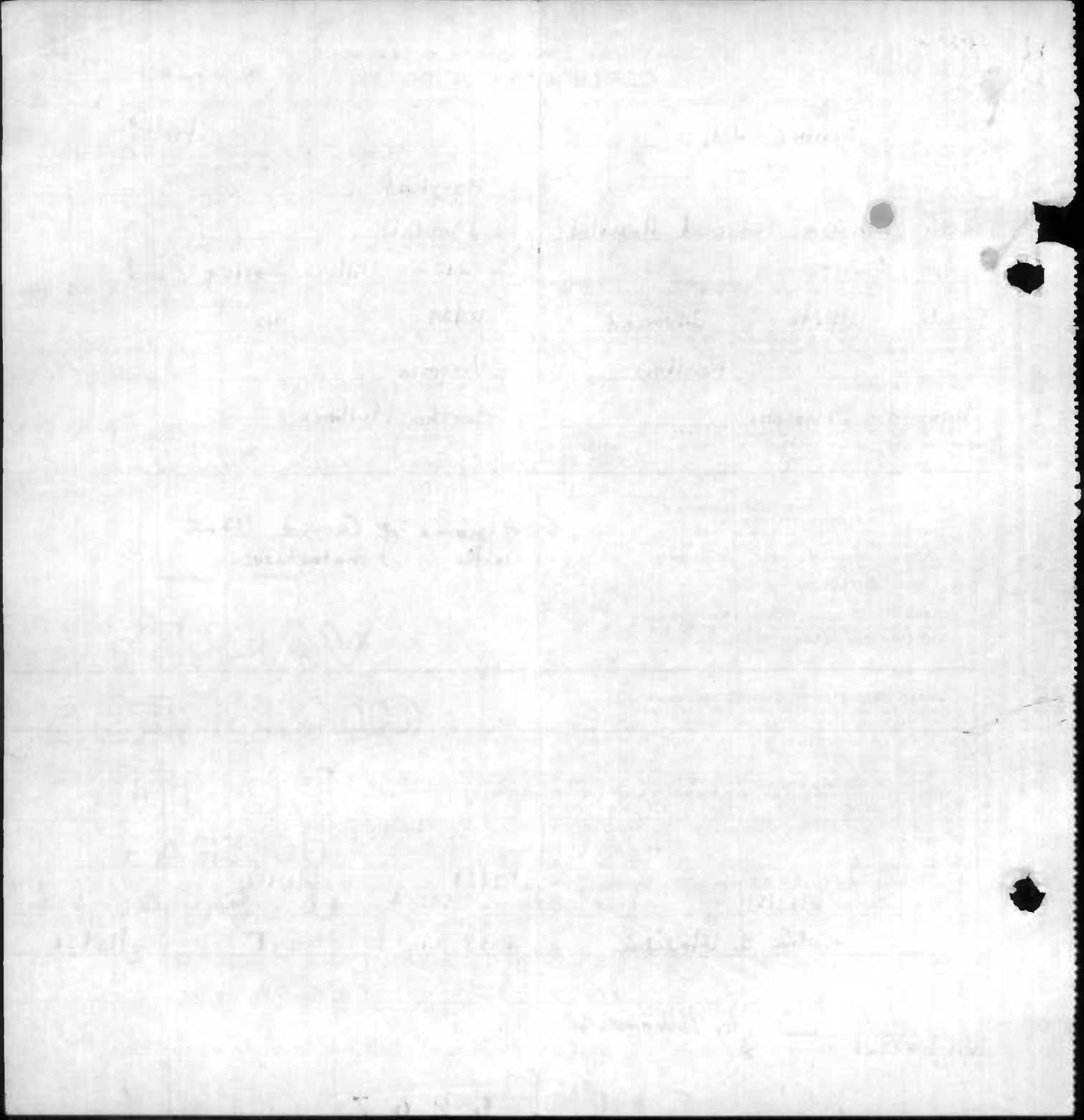
ADDRESS

JUN 14 1951Walter J. Williams, M.D.Walter B. Bradley, Dundalk, Md.

VS 150

39074
51005267

48a



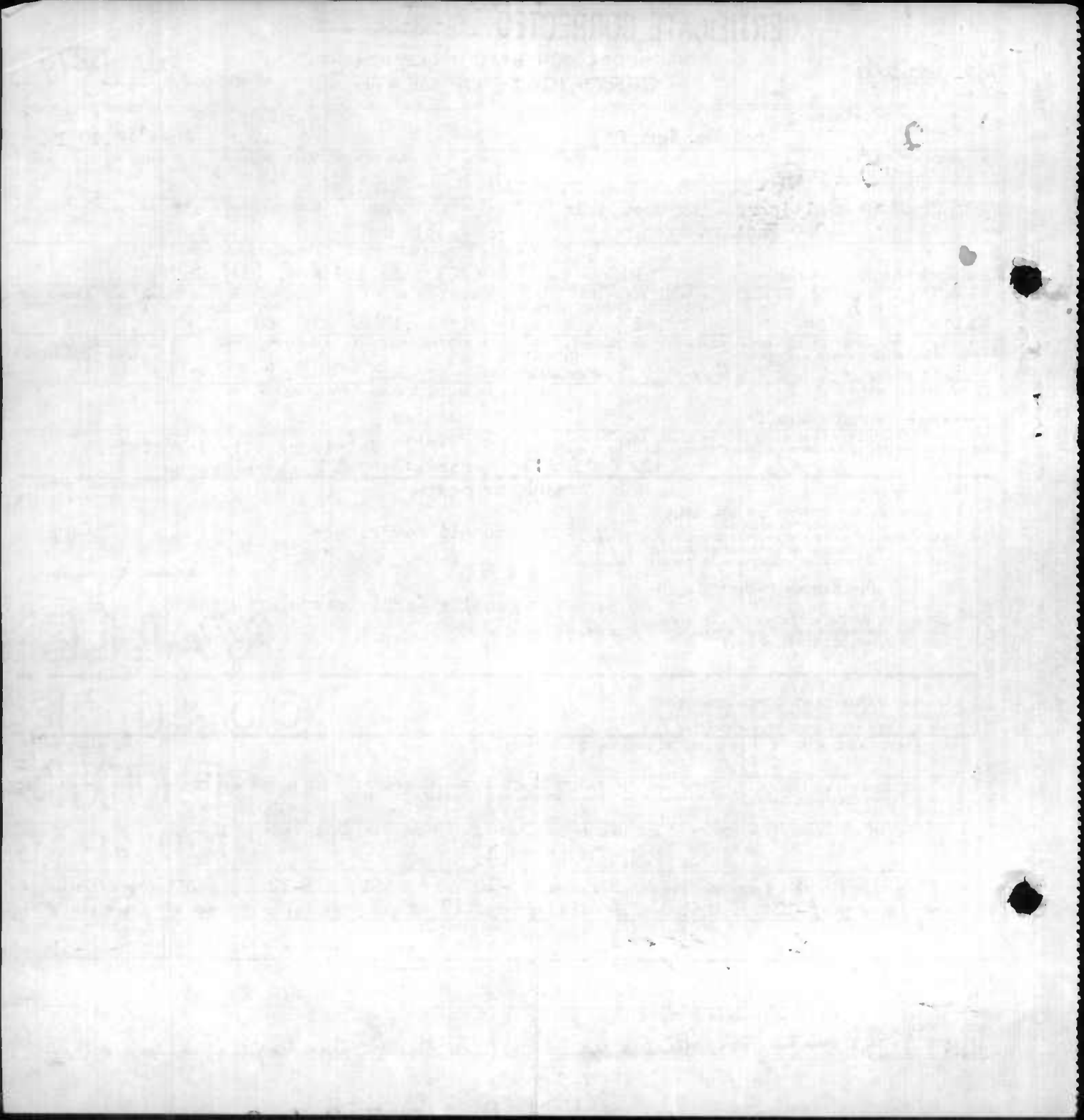
U-110
51-1495276
CERTIFICATE CORRECTED

6-27-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5276
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Fred Wm. Uphoff			2. DATE OF DEATH June 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore					
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Rural					
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 6903 Holabird Ave. (22) Co. 5300					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13, 1882		9. AGE (In years last birthday) 68		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXAMINER			10B. KIND OF BUSINESS OR INDUSTRY COUNTY GOVERNMENT			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Conrad Fred Uphoff			14. MOTHER'S MAIDEN NAME Louise					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 217-03-7466			17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid Hemorrhage DUE TO			INTERVAL BETWEEN ONSET AND DEATH 2 Days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio vascular Disease DUE TO			4 or 5 Yrs.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-10, 1951, to 6-12, 1951, that I last saw the deceased alive on 6-12, 1951, and that death occurred at 9 a. m., from the causes and on the date stated above.					
23A. SIGNATURE J. L. Clozen		23B. ADDRESS M. D. 4940 Eastern Avenue		23C. DATE SIGNED 6-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/15/51		24C. NAME OF CEMETERY OR CREMATORY OAK LAWN	
24D. LOCATION (City, town, or county) (State) BALTO. CO. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1951			
24F. REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.		25. FUNERAL DIRECTOR Walter Bruce Bradley - Dundalk 22, Md.			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 5277

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA BARBARA HAHN

2. DATE OF DEATH June 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Crawford Retreat
2117 Denison St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-37D. STREET ADDRESS (If rural, give location)
3122 Gwynns Falls Pkwy.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Oct. 17, 1870

9. AGE (in years last birthday)

80

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Laurence J. Moeller

14. MOTHER'S MAIDEN NAME

Magdalene Hildebrand

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Albert Hahn - 3133 Gwynns Falls Pkwy.

18.

59rx I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

1 day

ANTECEDENT CAUSES

DUE TO

(B)

Arteriosclerosis Cardiovascular Disease

10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Chronic nephritis

10 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951 to June 13, 1951, that I last saw the deceased alive on 6/13/51 and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE

Dorothy Hildebrand

M. D.

23B. ADDRESS

2835 Gwynns Falls Pkwy

23C. DATE SIGNED

6/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/15/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 14 1951

REGISTRAR'S SIGNATURE

Dorothy Hildebrand

25. FUNERAL DIRECTOR

24m. J. Lickner & Sons

ADDRESS

Baltimore, Md 131a

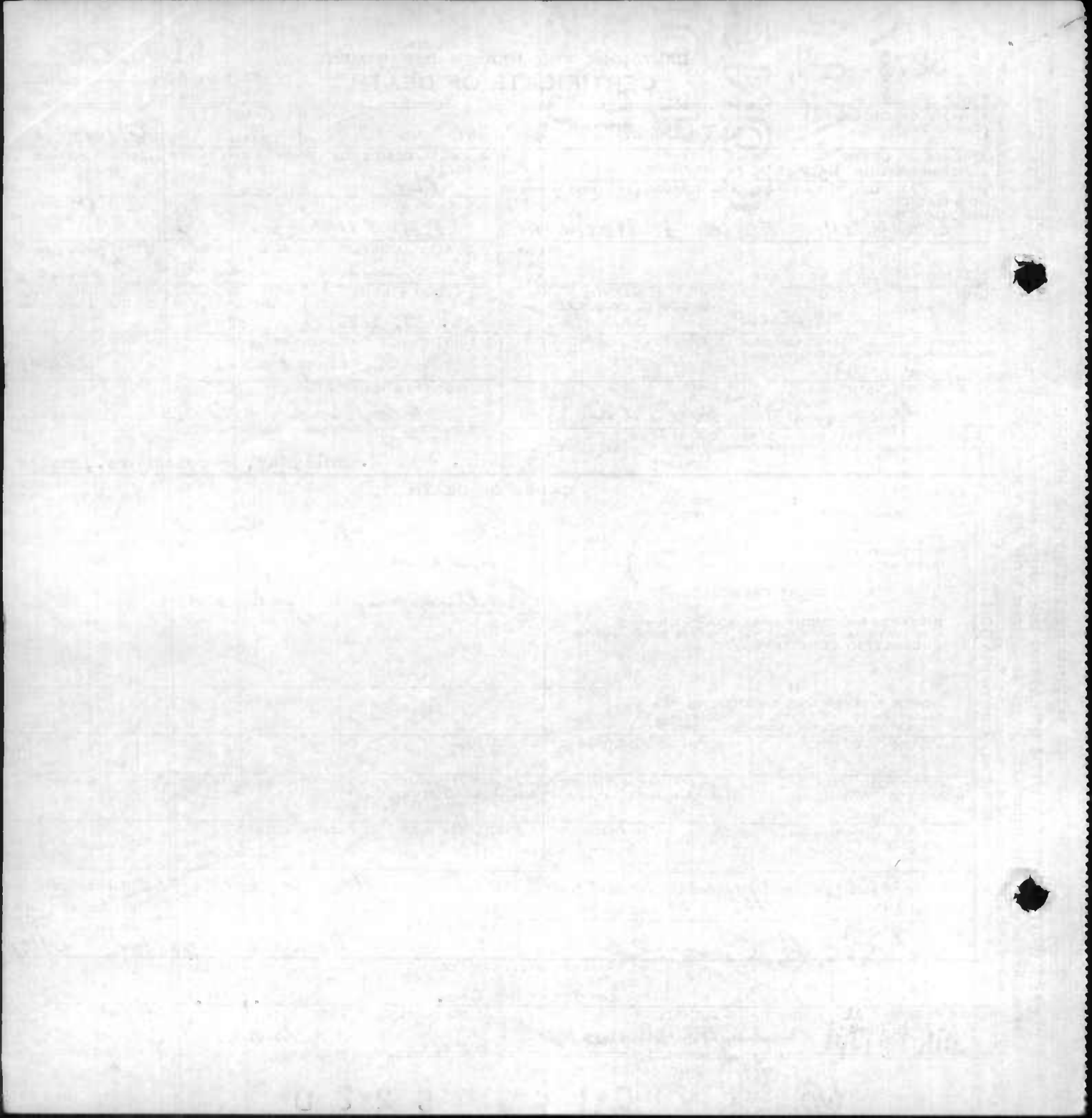
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5278

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CAROLINE REBECCA HOLLYDAY		6/13/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
CHURCH HOME & HOSPITAL			MD.		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
			BALTIMORE. 6-05		
D. STREET ADDRESS (If rural, give location)			E. Hospital		
Inferiary. Church Home					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
F.	White.	Single.	Feb. 20, 1869	82	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Buyer (rtd)		Hats	In Maryland.		USA.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
George Tilghman Hollyday.			Aly via Chamberlain		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
			Mr. John M. Hollyday, Berwick Ave., Ruxton		
18. 470.0			CAUSE OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Anterochroitic heart disease.		
ANTECEDENT CAUSES			(B) Pulmonary fibrosis.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/12/51, 1951, to 6/13/51, 1951, that I last saw the deceased alive on 6/13/51, 1951, and that death occurred at 10 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
H. Reed Carroll M.D.		Church Home & Hospital.		6/13/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
Burial	6/15/51	Loudon Park Cem.	Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JUN 14 1951		Huntington Williams, M.D.		Wm. J. Dickens & Sons	



H-252
51 5279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5279

Registered No. _____

1. NAME OF DECEASED (Type or Print) SARAH S. HAWKINS			2. DATE OF DEATH June 13, 1957		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY Balto.		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Union Memorial Hospital)			C. CITY OR TOWN (If outside corporate limits, write R.R. No. and give township) Balto. 28-04		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 706 Brookwood Rd.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 18, 1978	9. AGE (in years last birthday) 72	If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Balto md.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Thomas G. Deford			14. MOTHER'S MAIDEN NAME Georgiana Brady		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. Clifton C. Hawkins - 706 Brookwood Rd			ADDRESS		

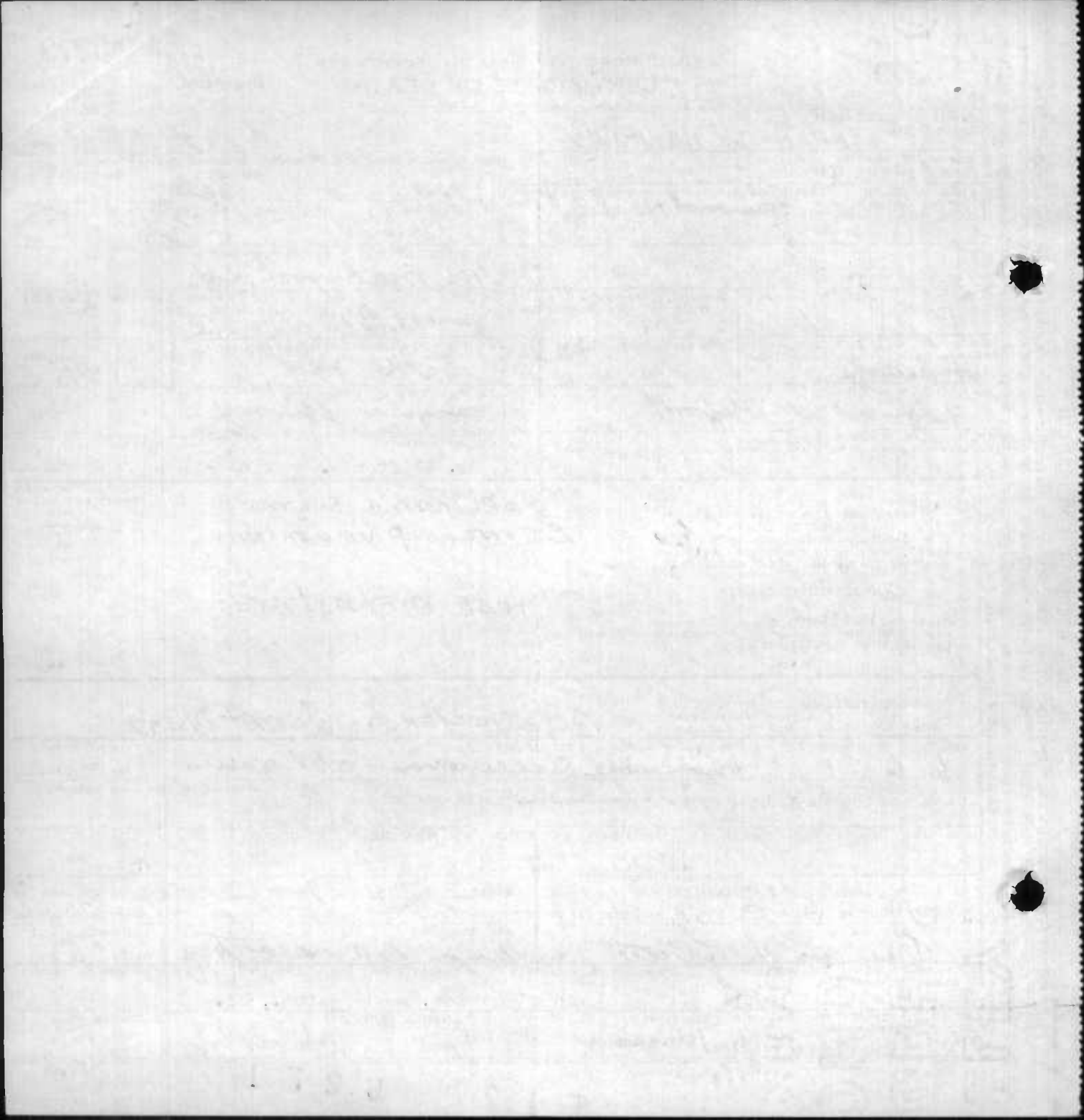
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH CARCINOMA sigmoid BRONCHO PNEUMONIA DUE TO LIVER METASTASES	INTERVAL BETWEEN ONSET AND DEATH _____ _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II ARTERIOCLEROTIC HEART DISEASE	

19A. DATE OF OPERATION 6-6-51		19B. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma - abdomen		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 3, 1957 , to June 13, 1957 , that I last saw the deceased alive on June 13, 1957 , and that death occurred at 12:30pm , from the causes and on the date stated above.					
23A. SIGNATURE Francis H. Wate		23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED 6-13-57	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 6/15/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1957			
24F. REGISTRAR'S SIGNATURE Wm. J. Dickner		24G. FUNERAL DIRECTOR Wm. J. Dickner		24H. ADDRESS Balto	

51 5279

46E



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5280

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELSIE DeVORE

2. DATE
OF
DEATH

June 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2803 Garrison Blvd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3002 Presstman St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Oct. 27, 1884

9. AGE (In years
last birthday)

66

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Forelady (rtd)

10b. KIND OF BUSINESS OR
INDUSTRY

Shirt Factory

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George DeVore

14. MOTHER'S MAIDEN NAME

Anna Maria Donnelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Mabel Kirkwood - 3002 Presstman St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4-24-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chr. myocarditis

DUE TO

1945-

(C)

Chr. Interstitial Nephritis

1945-

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 24, 1951, to June 12, 1951, that I last saw the deceased alive on June 12, 1951, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Paul Brown

23b. ADDRESS

M. D.

3602 Liberty Heights Ar.

23c. DATE SIGNED

6-13-51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24b. DATE

6/16/51

24c. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 14 1951

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

ADDRESS

Balto., Md.

VS 150

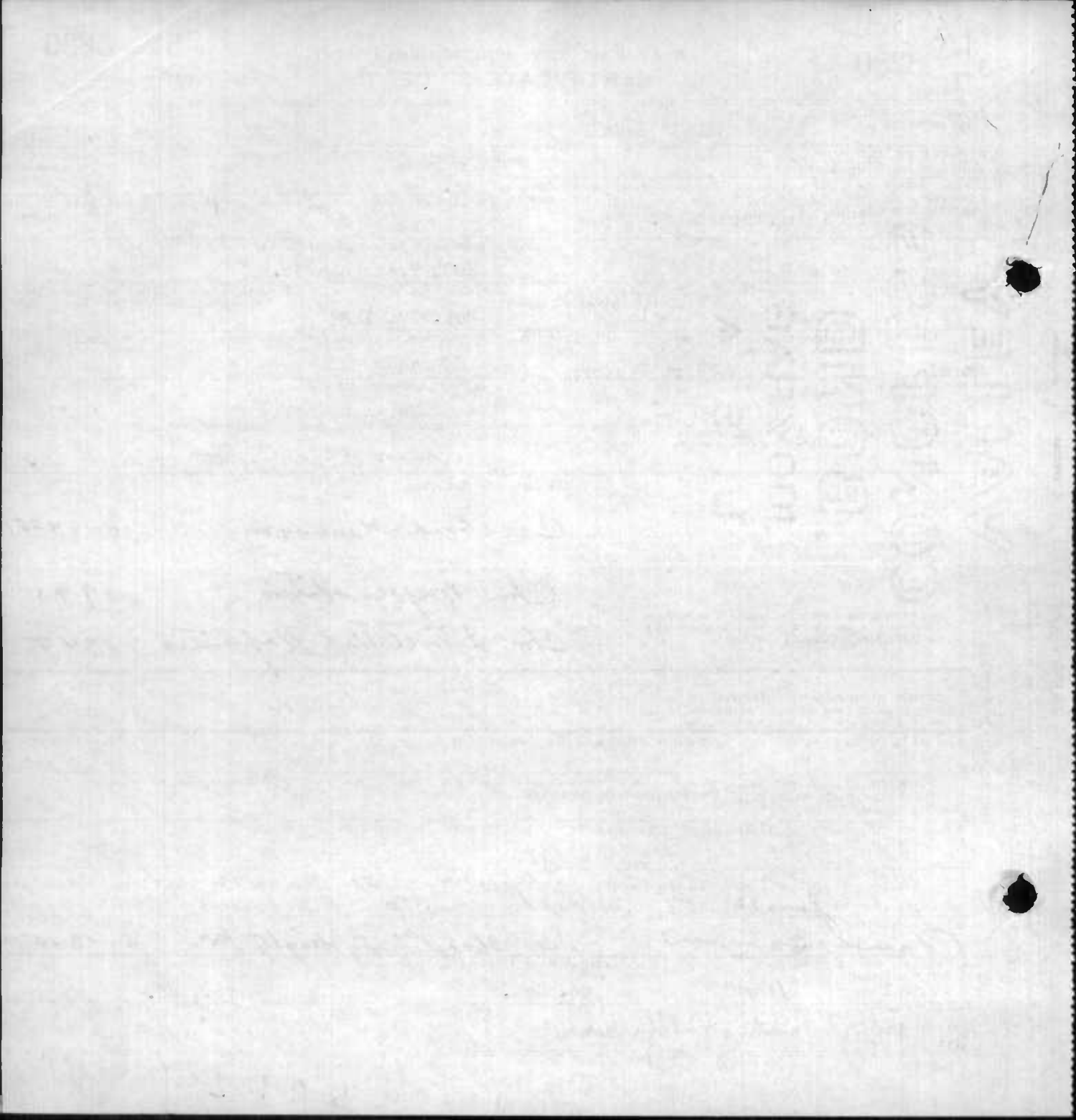
523 46

5 2/3

Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE **PLAINLY, WITH UNFADING INK**. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

K-51 245 5281

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5281
Registered No. _____

BIRTH NO.		M	
1. NAME OF DECEASED (Type or Print) Anna Kiessling		2. DATE OF DEATH 6-12-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HUTHERAN Hosp of Md Inc.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 15-04	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2001 N. Monroe St # 17	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 16 Nov 1878
9. AGE (In years last birthday) 72		10. Under 1 Year Months Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Anton Wagner		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. Chris Kiessling		ADDRESS 2001 N. Monroe St.	
18. 181X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
CAUSE OF DEATH			
(A) Uremia			
DUE TO			
(B) Pyo-hydro-nephrosis			
DUE TO			
(C) Carcinoma of the BLADDER			
CERTIFICATION APPROVED BY Stanley K. Dineen			
19A. DATE OF OPERATION 2-13-51		19B. MAJOR FINDINGS OF OPERATION Ch Interchochankie fracture	
20. AUTOPSY YES NO		CHIEF OR ASST. MEDICAL EXAMINER NO	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) ACCIDENT		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	
21C. WHERE DID INJURY OCCUR? 2001 N. Monroe St # 17		21D. TIME (Month) (Day) (Year) (Hour) Feb. 11, 1951	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR? Slipped on rug Pt Fell at Home - fell on floor	
22. I hereby certify that I attended the deceased from 5 APR 1951 to 6-12-1951, that I last saw the deceased alive on 6-12-1951, and that death occurred at 6 PM., from the causes and on the date stated above.			
23A. SIGNATURE John C. Dineen		23B. ADDRESS Lutheran Hospital	
23C. DATE SIGNED 6-12-51		23D. DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/15/51	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24D. LOCATION (City, town, or county) Woodlawn, Md.	
25. FUNERAL DIRECTOR Wm. J. Dickner & Sons		ADDRESS	
VS 150			

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1. Name of patient _____

2. Address _____

3. Date of birth _____

4. Sex _____

5. Race _____

6. Occupation _____

7. Date of admission _____

8. Date of discharge _____

9. Date of death _____

10. Cause of death _____

11. Place of death _____

12. Name of attending physician _____

13. Name of hospital _____

14. Name of city _____

15. Name of state _____

16. Name of county _____

17. Name of town _____

18. Name of village _____

19. Name of hamlet _____

20. Name of street _____

21. Name of apartment _____

22. Name of room _____

23. Name of building _____

24. Name of lot _____

25. Name of block _____

26. Name of section _____

27. Name of district _____

28. Name of ward _____

29. Name of precinct _____

30. Name of assembly district _____

31. Name of congressional district _____

32. Name of senatorial district _____

33. Name of judicial district _____

34. Name of county _____

35. Name of town _____

36. Name of village _____

37. Name of hamlet _____

38. Name of street _____

39. Name of apartment _____

40. Name of room _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 5282G-613
BIRTH NO. 5282

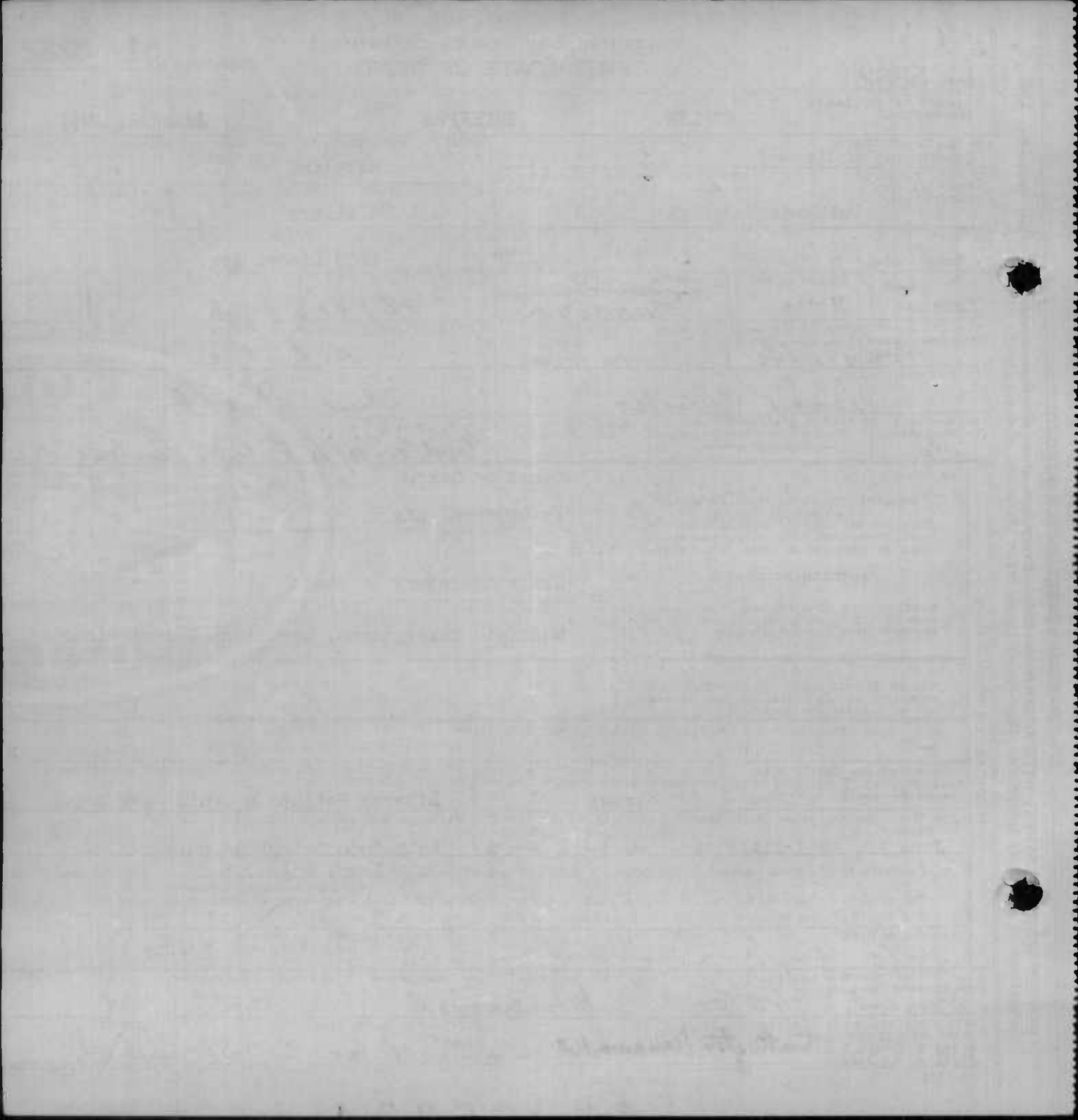
1. NAME OF DECEASED (Type or Print) EVELYN GRIFFITH		2. DATE OF DEATH June 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (if not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (if rural, give location) 1209 Linden Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/28/1923
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (In years last birthday) 28	
10B. KIND OF BUSINESS OR INDUSTRY Own House		11. BIRTHPLACE (State or foreign country) N. Y.	
13. FATHER'S NAME Henry Winter		12. CITIZEN OF WHAT COUNTRY? U. S.	
14. MOTHER'S MAIDEN NAME May Diehl		17. INFORMANT Lloyd G. Griffith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 1209 Linden Ave	
18. E 819.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull (A) _____ DUE TO Crushing injury of chest (B) _____ DUE TO Multiple lacerations, abrasions & contusions (C) _____		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Liberty Heights & Druid Park Drive	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 12, 1951 11:45 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Auto into telephone pole	
22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley B. Dunsbach		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED June 12, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/15/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24D. LOCATION (City, town, or county) (State) Balt. Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1951		25. FUNERAL DIRECTOR Wm. Cook Inc. 1217 St. Paul St.	

VS 151

19510005234

170c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 5283BIRTH NO. 320 5283

1. NAME OF DECEASED (Type or Print) DONALD P. WATTS		2. DATE OF DEATH June 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2101 St. Paul Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/12/1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Work		10B. KIND OF BUSINESS OR INDUSTRY Allied Trade School	9. AGE (in years last birthday) 49
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME CLARENCE Phillip Watts		14. MOTHER'S MAIDEN NAME Helen Cassard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT J. Neal McCardell		ADDRESS	

18. **E 971.8**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cyanide poisoning**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Acute alcoholism**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Public building

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

Allied Trade School, 6020 Eastern Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 12, 1951**P.m.**

21E. INJURY OCCURRED

WHILE AT ☒ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Ingestion of cyanide poisoning

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dulechewer M.D.23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/16/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

JUN 14 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

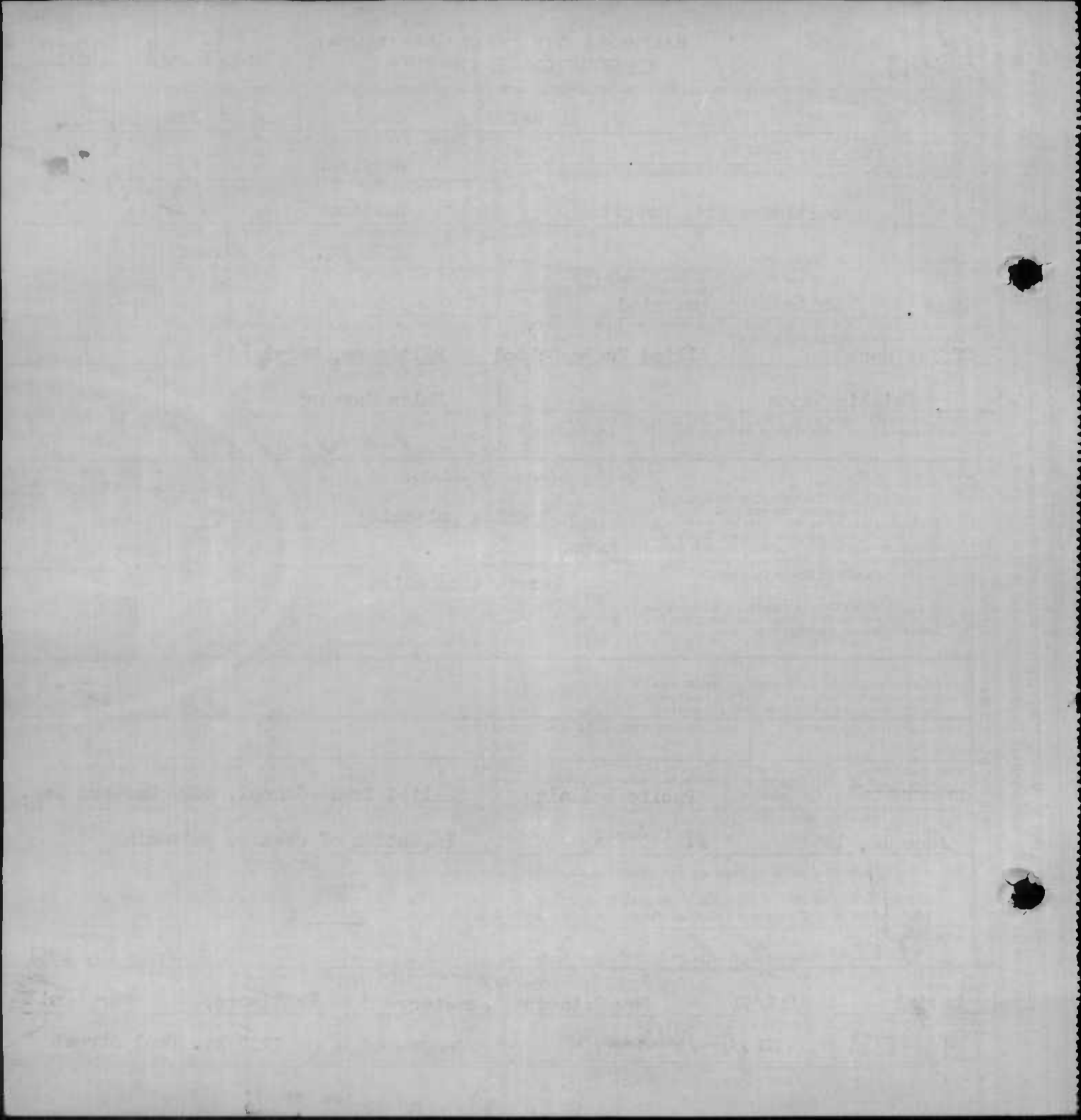
ADDRESS

1217 St. Paul Street

VS 151

N-979.0**3908V****5275****1639**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE CORRECTED 6-19-51

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 5284

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES EDWARD BASTIAN

2. DATE
OF
DEATH

13 JUNE 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

MD

BALT.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE #18

D. STREET ADDRESS (If rural, give location)

3231 ST. PAUL ST.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

23 Nov. 1893

9. AGE (In years last birthday)

57

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CONTRACTOR

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD, Mauch Chunk, Penna.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

EDWARD DANIEL BASTIAN

14. MOTHER'S MAIDEN NAME

ADALINE SHIVERS Chivers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

146-09-7995

17. INFORMANT

PATIENT

Miss Grace A. Bastian

ADDRESS

3231 St. Paul St.

18. 420.1 and 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CORONARY OCCLUSION

DUE TO

(C) CORONARY ARTERIO SCLEROSIS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan. 1948, 1949

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of CAECUM

(over)

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 JUNE, 1951, to 13 JUNE, 1951, that I last saw the deceased alive on 13 JUNE, 1951, and that death occurred at 9:17A.M., from the causes and on the date stated above.

23. SIGNATURE

Francis H. Wade MD.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

6-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6/15/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Key Hill Cemetery

24D. LOCATION (City, town, or county)

Bethlehem, Penna.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 14 1951

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

H.M. Cook, Inc.

ADDRESS

1217 St. Paul St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

See Document File 51-5284

for affidavit by Dr. F. Hansell Watt

Asst Resident in Surgery

Union Memorial Hospital

certifying to operation performed and date performed

6/19/51

ES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5285**

 BIRTH NO. **520 5285**

1. NAME OF DECEASED (Type or Print) FRED HEINZ (FREDERICK M.)			2. DATE OF DEATH June 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lake Shore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Mountain Road 5200		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/24/1880	9. AGE (In years last birthday) 71	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofers			11. BIRTHPLACE (State or foreign country) Germany		
10B. KIND OF BUSINESS OR INDUSTRY Sam Dorr Co.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME (Unknown) Heinz			14. MOTHER'S MAIDEN NAME Clémentine (Unknown)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Frances E. Heinz, Lake Shore, A. A. G. Md.			ADDRESS		

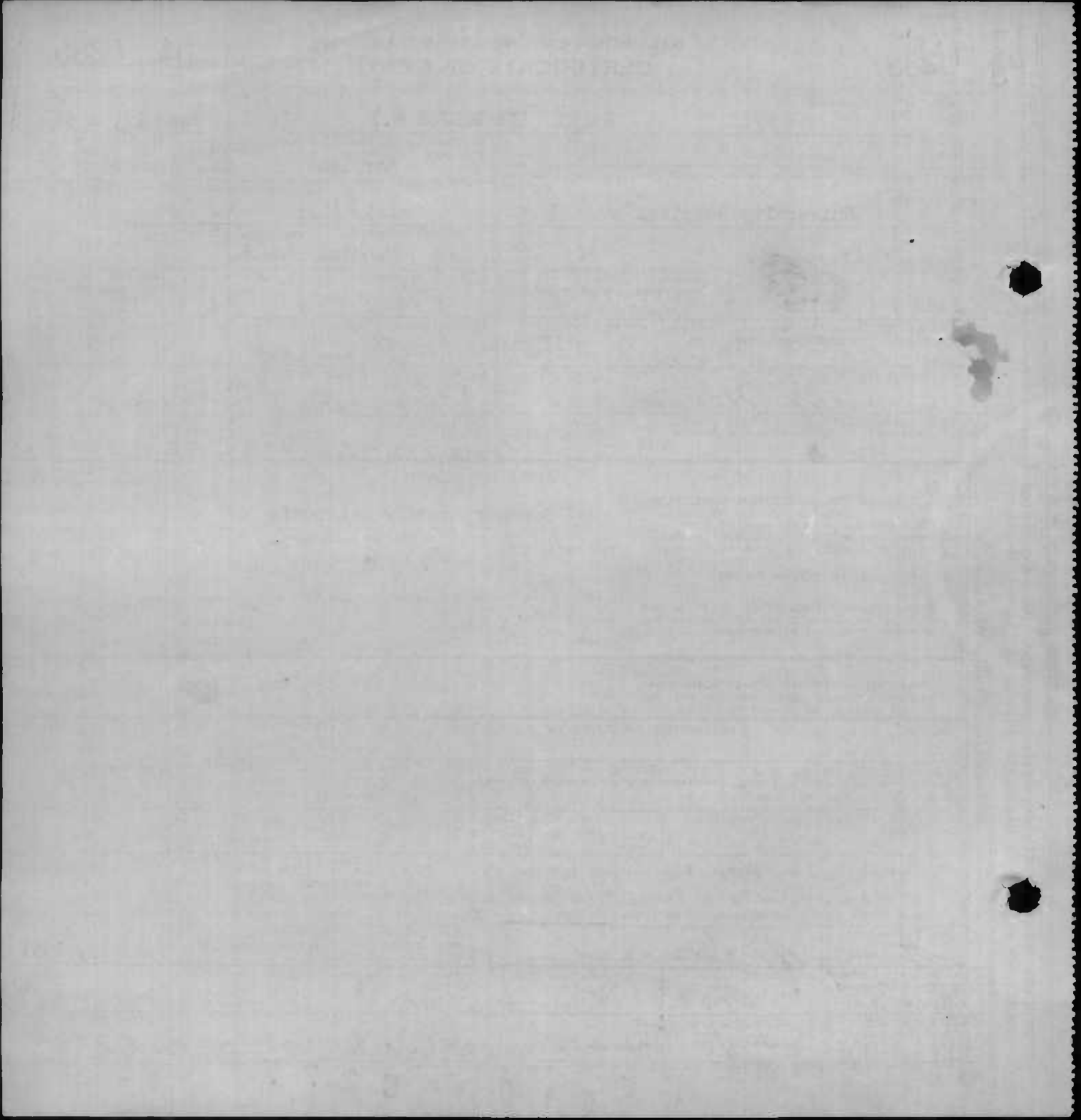
18. 4701 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE Stanley H. Durlacher	M.D.	23C. DATE SIGNED June 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/15/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1951	REGISTRAR'S SIGNATURE Thurston M. Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St.	

588 290005277

94a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5286**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William R. Parker

2. DATE
OF
DEATH

June 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2103 Allendale Road

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2103 Allendale Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Dec. 25, 1891

9. AGE (In years last birthday)

59

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Wachapreague, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel Parker

14. MOTHER'S MAIDEN NAME

Ruth Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Gertrude M. Parker, 2103 Allendale Road

18.

420-1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

15 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 29, 1951** to **June 12, 1951**, that I last saw the deceased alive on **June 12, 1951**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE

Harry Glessman

M. D.

23B. ADDRESS

2687 Eastview Ave

23C. DATE SIGNED

June 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/15/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William R. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.,

ADDRESS

1217 St. Paul Street

JUN 14 1951

VS 150

574034 5278

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

15 days

2687 *Leptochloa* (Lam.) Link.
1894

1915 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5287**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Valeska C Short**2. DATE
OF
DEATH**June 13, 1957**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE **Florida** B. COUNTY **V-05**B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION**THE JOHNS HOPKINS HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Tampa

D. STREET ADDRESS (If rural, give location)

112 S. Howard Ave

C. Length of stay in Baltimore

1 day

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

Sept 25 1884

9. AGE (In years last birthday)

66

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Steubenville, Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Douglas Stemple

14. MOTHER'S MAIDEN NAME

Margaret Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Husband18. **356.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)(A) **Heart failure**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Respiratory paralysis**

DUE TO

5 min.(C) **idiopathic bulbar paralysis****7 days**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/13**, 19**57**, to **6/13**, 19**57**, that I last saw the deceased alive on **6/13**, 19**57**, and that death occurred at **2:58** p. m., from the causes and on the date stated above.

23A. SIGNATURE

Heath Thurston J.

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-13-5724A. RIGOR, EMBOLI,
OR REMOVAL (Specify)

24B. DATE

June 14-1957

24C. NAME OF CEMETERY OR CREMATORY

Myrtle Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Tampa - FloridaDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter H. Williams, M.D.

25. FUNERAL DIRECTOR

Carl B. McPherson Funeral Home, Inc.

ADDRESS

403 E. 25th St (18) & 2

JUN 14 1957

VS 150

be approved**403 E-25th St (18) & 2**

NOT A MEDICAL EXAMINER'S CASE

R. S. Fisher

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

no

H

per

51 5288 F- 522

51 5288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. F- 522			1. NAME OF DECEASED (Type or Print) FONSECA, <i>(Miguel)</i> <i>Emmanuel</i>			2. DATE OF DEATH 6/13/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 1414 Brunst St Md B. COUNTY C. CITY OR TOWN Balto. D. STREET ADDRESS (If rural, give location) 1414 Brunst St 14-02					
B. FULL NAME OF HOSPITAL OR INSTITUTION 1414 Brunst St			5. SEX Male			6. COLOR OR RACE Col.		
C. Length of stay in Baltimore Life			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Sept. 12, 1912		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10B. KIND OF BUSINESS OR INDUSTRY construction			9. AGE (In years last birthday) 38		
13. FATHER'S NAME Pedro Fonseca			11. BIRTHPLACE (State or foreign country) Balto. Md			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME Theresia Brason		
17. INFORMANT Theresia Fonseca			ADDRESS 1111 Mosher St.					

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 007X I		CAUSE OF DEATH Pulmonary Tuberculosis 4 yrs.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 27, 1951, June 13, 1951, that I last saw the deceased alive on June 11, 1951, and that death occurred at 8 a.m. from the causes and on the date stated above.					
23A. SIGNATURE <i>W. Johnson</i>		23B. ADDRESS 403 Mod Arts Bg		23C. DATE SIGNED 6-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/16/1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Am	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR		24F. ADDRESS 322	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>W. Johnson</i>		25. FUNERAL DIRECTOR <i>Mrs. Kate R. Williams</i>	
VS 150		5970246 5280		13B	

MARGIN RESERVED FOR BINDING

PLEASE WRITE FAIRLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

GENERAL INVESTIGATIVE
DIVISION

1540141D

100/2406

U.S. DEPT. OF JUSTICE

51 5289

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5289

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ethel Cross

2. DATE
OF
DEATH

June 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1335 W. Lafayette Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-02

D. STREET ADDRESS (If rural, give location)

1335 W. Lafayette Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married (Sep)

8. DATE OF BIRTH

Oct. 31, 1893

9. AGE (In years last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Princess Anne Md. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David E. Stutter

14. MOTHER'S MAIDEN NAME

Ada L. Berry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles Stutter W. Lafayette

18.

420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardio-vascular Renal Disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

June 12, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/14/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem.

24D. LOCATION (City, town, or county) (State)

Lansdowne Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 14 1951

REGISTRAR'S SIGNATURE

Wm. H. Kammer, Jr.

25. FUNERAL DIRECTOR

Wm. H. Kammer, Jr. 3227 N. Lombard St.

ADDRESS

VS 151

57289A 05281

131a

STATE OF NEW YORK
CERTIFICATE OF DEATH

1911

DEPARTMENT OF HEALTH

FILED IN

NAME OF DECEASED	
AGE	
SEX	
RACE	
DATE OF DEATH	
PLACE OF DEATH	
CAUSE OF DEATH	
MANNER OF DEATH	
SIGNATURE OF PHYSICIAN	
SIGNATURE OF WITNESS	
SIGNATURE OF DECEASED	
SIGNATURE OF NEXT OF KIN	
SIGNATURE OF CLERK	

51 5290

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5290

Registered No.

BIRTH NO. B-260

1. NAME OF DECEASED
(Type or Print)

GEORGE

BOOKER

2. DATE
OF

DEATH June 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (if rural, give location)

709 W. Lexington St.

4-02

c. Length of stay in Baltimore

25 YEARS

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11-11-1900

9. AGE (In years
last birthday)

50

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

GENERAL

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ALBERT BOOKER

14. MOTHER'S MAIDEN NAME

LAURA TERRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WW#1

16. SOCIAL
SECURITY NO.

217-09-4925

17. INFORMANT

WESTERN DIST. POLICE

ADDRESS

18. C23X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Luetic aortitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thercon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Almes

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

June 12, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6-18-51

24C. NAME OF CEMETERY OR CREMATORY

U. S. BOLD NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. A. Jackson

25. FUNERAL DIRECTOR

Wm. A. JACKSON, 916 PENNA. AVE.

ADDRESS

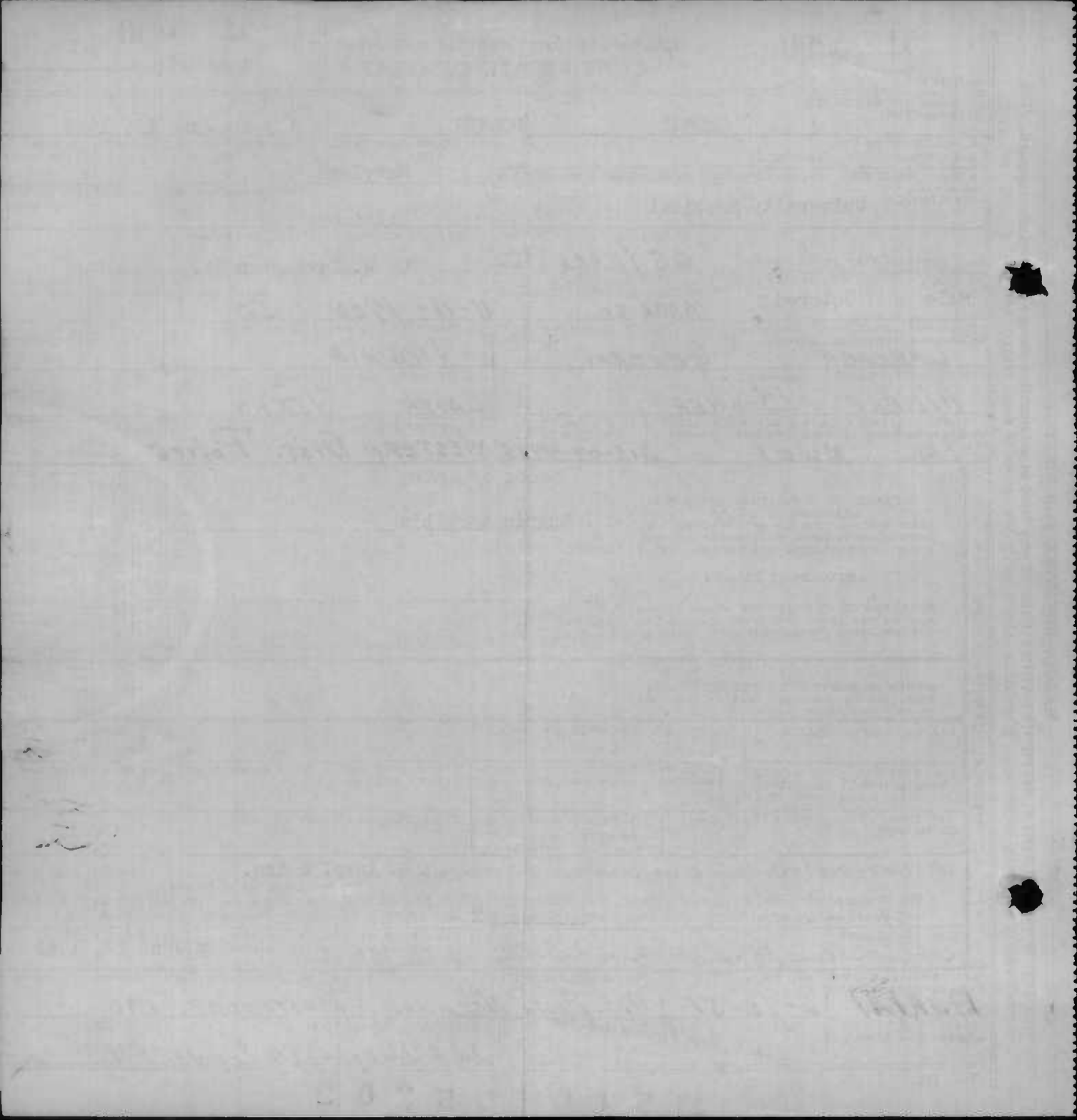
VS 151

1951 90985202

307

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5291

BIRTH NO. 523 5291

1. NAME OF DECEASED (Type or Print) LOUIS ANASTA			2. DATE OF DEATH June 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 4 years Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 504 Newkirk Avenue S.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH	9. AGE (In years last birthday) 52	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Mill Worker			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Greece
13. FATHER'S NAME unbeknown			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS Mr. Boaris, 711 S. Oldham St		

18. 420.1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Doulacher M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED June 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-16-51	24C. NAME OF CEMETERY OR CREMATORY Greek Cemetery	24D. LOCATION (City, town, or county) (State) Windsor Mill Rd.
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1951	REGISTRAR'S SIGNATURE T. Williams	25. FUNERAL DIRECTOR LAMBROS Inc.	ADDRESS 440 E. North Ave

VS 151

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5292
Registered No. 51 5292

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE

HOHMAN

2. DATE
OF
DEATH

June 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

326 Taylor Avenue

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-27-1895

9. AGE (In years

last birthday)

57

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Police man

10B. KIND OF BUSINESS OR INDUSTRY

Police Dept

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

A. Joseph. Hohman

14. MOTHER'S MAIDEN NAME

Teresa. Steegman.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown)

Yes

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mary. Hohman

ADDRESS

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET, AND DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsbach M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

6-16-51

24C. NAME OF CEMETERY OR CREMATORY

Lared Heart of Jesus.

24D. LOCATION (City, town, or county)

Balto. Co Md.

(State)

DATE RECEIVED BY

LOCAL REGISTRAR

JUN 14 1951

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

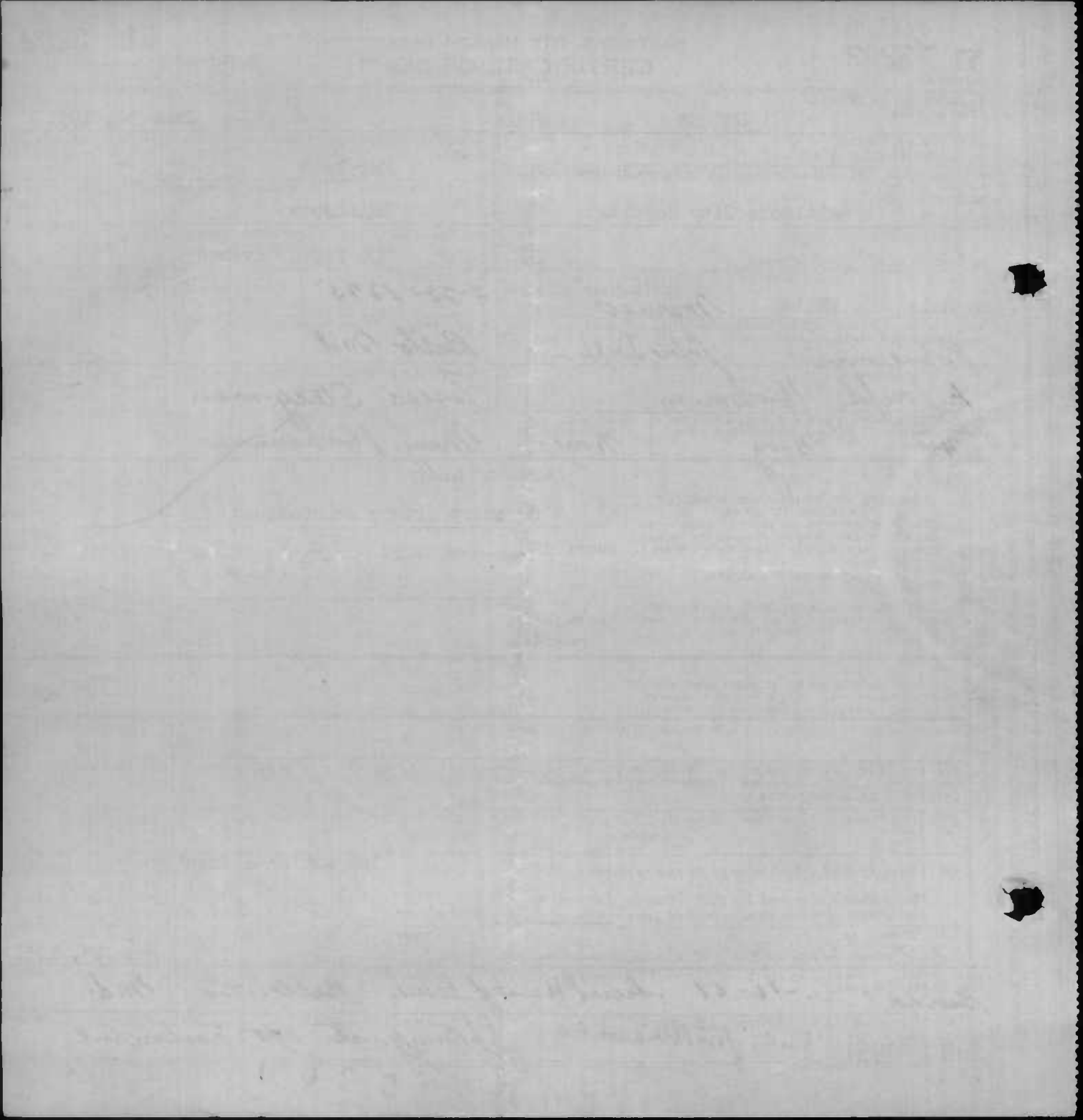
J. J. Brydinski 5407 Eastern Ave.

ADDRESS

VS 151

773 830 05204

94a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 5293

BIRTH NO. <u>51 5293</u>		J1-149297	
1. NAME OF DECEASED (Type or Print) Fred Aichler		2. DATE OF DEATH 6-12-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2034 E. Federal St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 4, 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker		9. AGE (In years last birthday) 44	
10B. KIND OF BUSINESS OR INDUSTRY Unemployed		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME John Aichler		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Minnie Kues	
16. SOCIAL SECURITY NO. 220-03-0633		17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis Rt. Lung far advanced		INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Malnutrition - marked		6 mos.	
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-10-51 , 19 <u>51</u> , to June 12 , 19 <u>51</u> , that I last saw the deceased alive on June 12 , 19 <u>51</u> , and that death occurred at 9.10AM , from the causes and on the date stated above.			
23A. SIGNATURE J. S. [Signature]		23B. ADDRESS 4940 Eastern Ave.	
23C. DATE SIGNED 6-12-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-15-51	
24C. NAME OF CEMETERY OR CREMATORY Mt Carmel Cemu.		24D. LOCATION (City, town, or county) (State) Beltsville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1951		REGISTRAR'S SIGNATURE John G. Connolly	
VS 150		25. FUNERAL DIRECTOR ADDRESS John G. Connolly - 418 Eastern Ave	

585 24

Beltsville, Md.
13B



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

P-621
51 5294

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

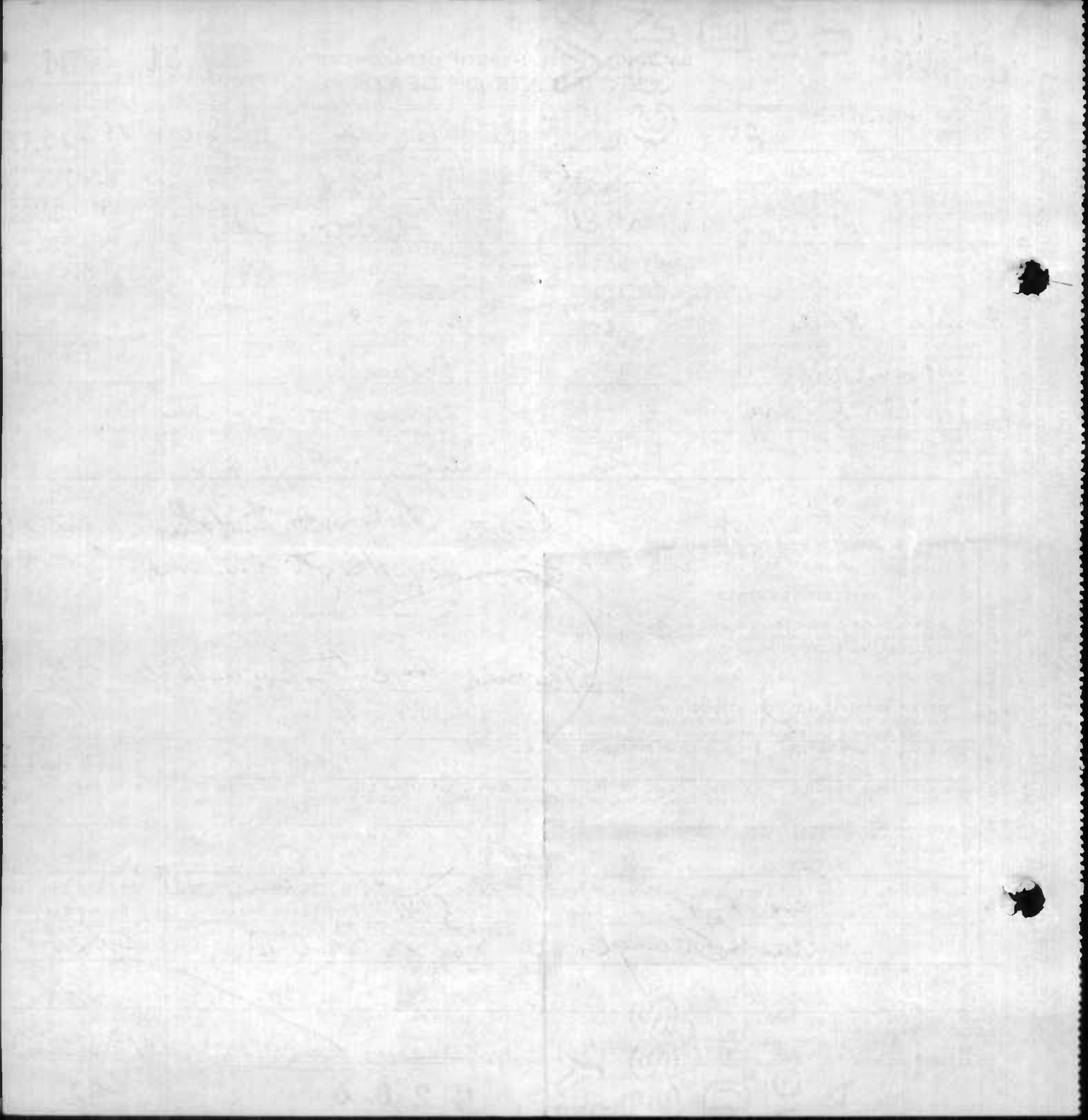
51 5294
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Paulina PRZYBYSZ		June 14 - 1951	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE		B. COUNTY	
Balto. City		Md		2-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
407 S. Register St		Balto. City			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
40		407 S. Register St.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Female	White	Married	Dec. 22 - 1896	54	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Housewife				Poland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Michael Przyby		Agnes Studzynska			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Anthony F. Przybylski	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
4201		Acute Pulmonary Embolus		acute	
ANTECEDENT CAUSES		Coronary Heart Disease		6 mos	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
II		(C) Chronic Hypertrophic arthritis 7 yrs			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 14, 1948, to June 14, 1951, that I last saw the deceased alive on June 14, 1951, and that death occurred at 5:00 a. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
[Signature]		300 E. Pratt St.		6/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		June 18 - 1951		Holy Rosary	
				Balto. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JUN 14 1951		[Signature]		Wm. S. Fialkowski 3007 Eastern Ave	

VS 150

9510005286

94a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5295**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*William Henry Gross*2. DATE
OF
DEATH*6/12/51*

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)*Maryland*b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*Maryland General Hospital*c. CITY OR TOWN (If outside corporate limits, give RURAL and give
township)*Baltimore*

c. Length of stay in Baltimore

*life*Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

2211 Mura St #24

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*widowed*

8. DATE OF BIRTH

*1/15/1879*9. AGE (In years
last birthday)*72*10. Under 1 Year
Months: Days: Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*BAKER*10b. KIND OF BUSINESS OR
INDUSTRY*JOHN GLASER*

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

*NOT KNOWN**BAKERY*

14. MOTHER'S MAIDEN NAME

*NOT KNOWN*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*(If yes, give war or dates of service)*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*HOSPITAL RECORDS.*18. *442X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Meningitis (non-epidemic)*
DUE TO *(Gram positive coccus)*

Known
Long

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Uremia*
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Arteriosclerotic cardiovascular*
renal disease

unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK WORK

22. I hereby certify that I attended the deceased from *6/6*, 19*51*, to *6/12*, 19*51*, that I last saw the
deceased alive on *6/12*, 19*51*, and that death occurred at *12:30* p.m., from the causes and on the date stated above.

23a. SIGNATURE

Maquerite Louise Candler

23b. ADDRESS

Maryland General Hospital

23c. DATE SIGNED

*6/12/51*24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

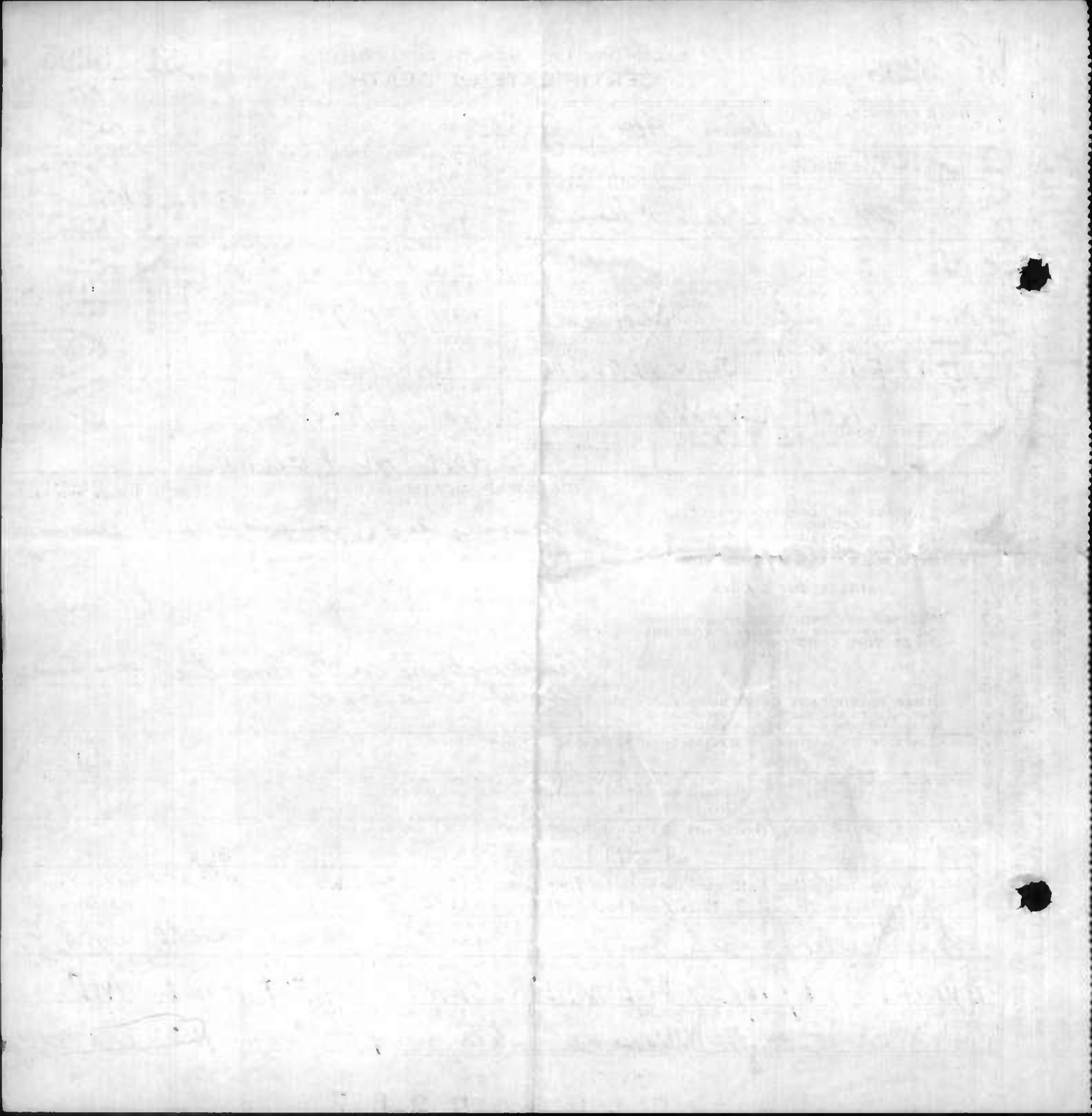
*BURIAL**6/16/51**CENTER CENT.**FOREST HILL MD*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUN 14 1951**Huntington Williams, Jr.**Marlene F. Hoffmann 1639 Broadway*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5296**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Zeman, James Vincent**2. DATE
OF
DEATH**6-13-51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hosp of Balt, Inc

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md.**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2510 E. Madison St.

c. Length of stay in Baltimore

65 years

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 24, 1877

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired tailor

10B. KIND OF BUSINESS OR INDUSTRY

Schloss Bros.

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown**CLOTHING (M)**

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Effie Zeman - wife - above

ADDRESS

18. **561.0 and 154X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Peritonitis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Strangulated Inguinal Hernia

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Rectum

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-13-51**, 1951, to **6-13, 1951** that I last saw the deceased alive on **6-13, 1951** and that death occurred at **9:50 pm.**, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Edwin Shukman

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

6-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/16/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Horner's Lane, Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

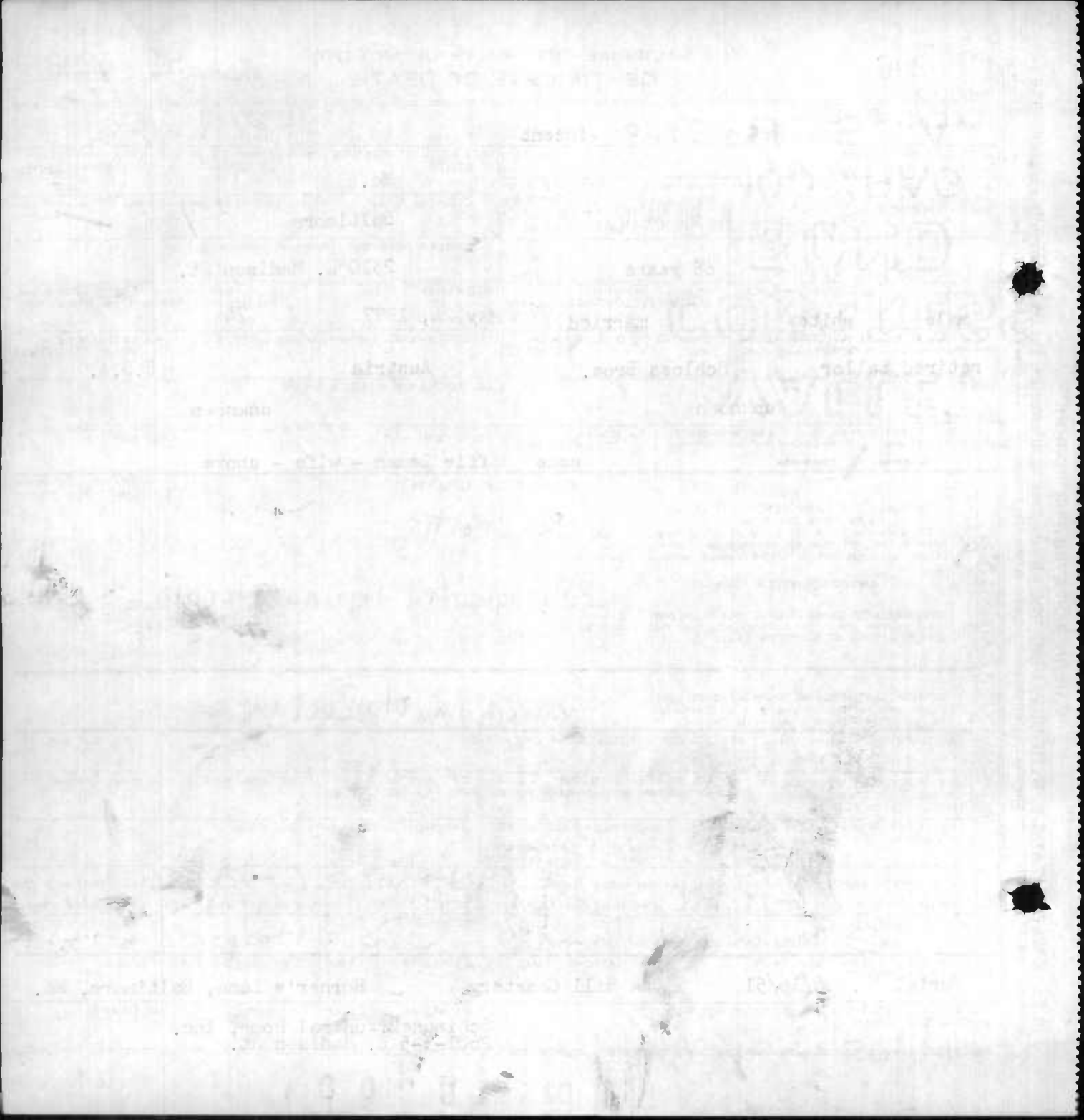
Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.**JUN 14 1951**

VS 150

1951 5296465 200**467**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 460
51 5297

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 5297

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LILLIAN MAY MILLER		6-12-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland.	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 7-02	
C. Length of stay in Baltimore 1 life				D. STREET ADDRESS (If rural, give location) 2606 E. Monument Street, 5	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-4-81		9. AGE (in years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Own home.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Owen McElgunn			14. MOTHER'S MAIDEN NAME Margaret Tierney		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS August Frank Miller-2606 E. Monument st.	
18. CAUSE OF DEATH					
<p>154X I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</p> <p>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>(A) Post-operative Intestinal Obstruction</p> <p>DUE TO following Abdominal-Perineal Resection for Carcinoma of Rectum</p> <p>ANTECEDENT CAUSES</p> <p>(B)</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>(C)</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>					
19A. DATE OF OPERATION 4-28-51		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-23-, 1951, to 6-12-, 1951, that I last saw the deceased alive on 6-12-, 1951, and that death occurred at 3:10 a. m., from the causes and on the date stated above.					
23A. SIGNATURE William H. Rodgers		23B. ADDRESS M. D. 1400 N. Caroline St. - 14		23C. DATE SIGNED 6-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 15, 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
				24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1951		REGISTRAR'S SIGNATURE William H. Rodgers		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

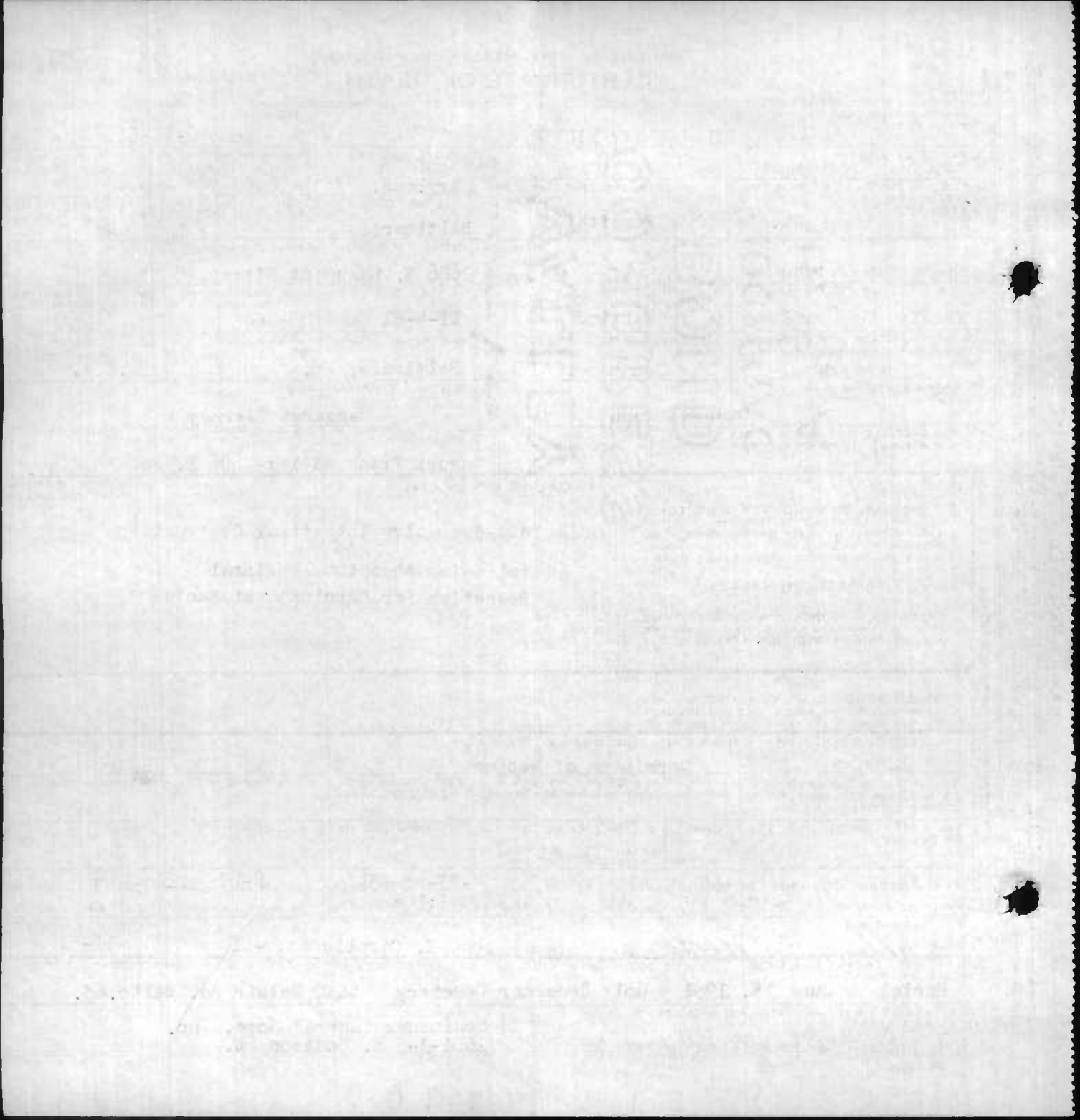
VS 150

19510005289

46D

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 51 5298

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

ELSIE V. WATKINS

 2. DATE
OF
DEATH

June 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

 A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3506 Hickory Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-06

c. Length of stay in Baltimore

Life

 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3506 Hickory Ave.

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 8, 1910

9. AGE (In years last birthday)

41 yrs.

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Gustavus Evans

14. MOTHER'S MAIDEN NAME

Susie Hatfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank Watkins - 3506 Hickory Ave

18.

470.1

CAUSE OF DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) Coronary occlusion

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

8 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B) Coronary sclerosis

DUE TO

5 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from June 13, 1951, to June 13, 1951, that I last saw the deceased alive on June 13, 1951, and that death occurred at 10 p m., from the causes and on the date stated above.

23A. SIGNATURE

Edward A. Moran

M. D.

23B. ADDRESS

101 W. Read St.

23C. DATE SIGNED

June 14, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 16/51

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's, Hampden

24D. LOCATION (City, town, or county) (State)

Roland Ave Md

DATE RECEIVED BY LOCAL REGISTRAR

JUN 14 1951

REGISTRAR'S SIGNATURE

Thurston E. Donovan

25. FUNERAL DIRECTOR

Thurston E. Donovan - 3818 Roland Ave

ADDRESS

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

1. The purpose of this study is to determine the effect of the proposed project on the water resources of the area. The study will be conducted in accordance with the following objectives:

2. To determine the effect of the proposed project on the water resources of the area.

3. To determine the effect of the proposed project on the water resources of the area.

4. To determine the effect of the proposed project on the water resources of the area.

5. To determine the effect of the proposed project on the water resources of the area.

6. To determine the effect of the proposed project on the water resources of the area.

7. To determine the effect of the proposed project on the water resources of the area.

8. To determine the effect of the proposed project on the water resources of the area.

9. To determine the effect of the proposed project on the water resources of the area.

10. To determine the effect of the proposed project on the water resources of the area.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 5299

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAGGIE C. RYER

2. DATE OF DEATH

June 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore 27-15*

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4434 Glydesdale Ave

D. STREET ADDRESS (If rural, give location)

4434 Glydesdale Ave

C. Length of stay in Baltimore

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Sept 25, 1869

9. AGE (In years last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Albert Stricker

14. MOTHER'S MAIDEN NAME

Margaretta Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Eugene H. Ryer - Glyndon Md

18. *443X and 153X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Thrombosis*

2 month

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension + arteriosclerosis*

DUE TO

(C) *Coronary Vascular Disease*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Possible metastatic Carcinoma from Colon

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *1947*, to *6/13, 1951*, that I last saw the deceased alive on *6/10, 1951*, and that death occurred at *8 am.*, from the causes and on the date stated above.

23A. SIGNATURE

W. H. Spoworth

23B. ADDRESS

14 E. Egan St.

23C. DATE SIGNED

6/14/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 16/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Old Frederick Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 14 1951

REGISTRAR'S SIGNATURE

W. H. Spoworth

25. FUNERAL DIRECTOR

Clayton E. Donovan - 3818 Roland Ave

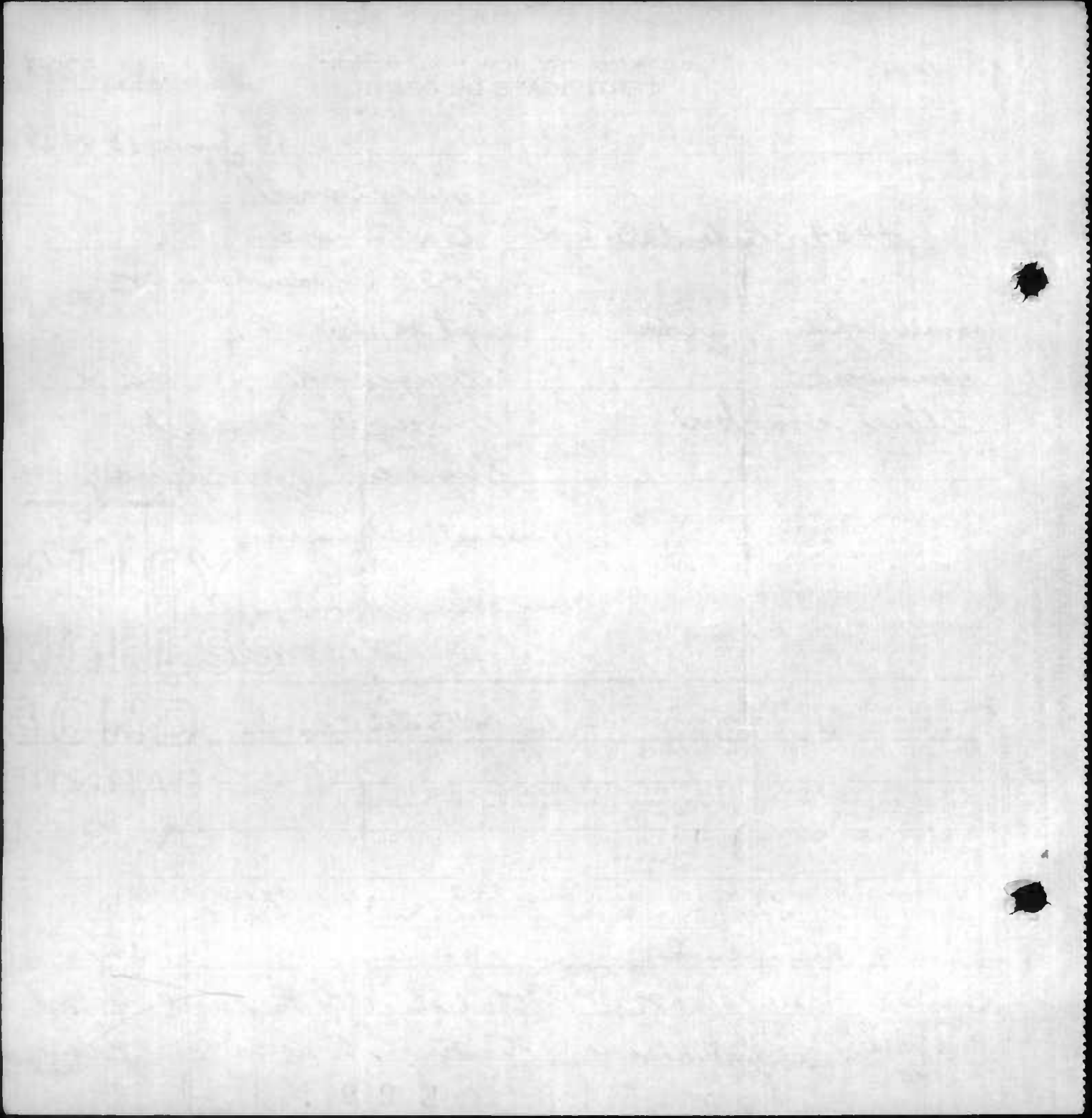
VS 150

19510005291

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



Buth Cert. #51-13209

51 5300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5300

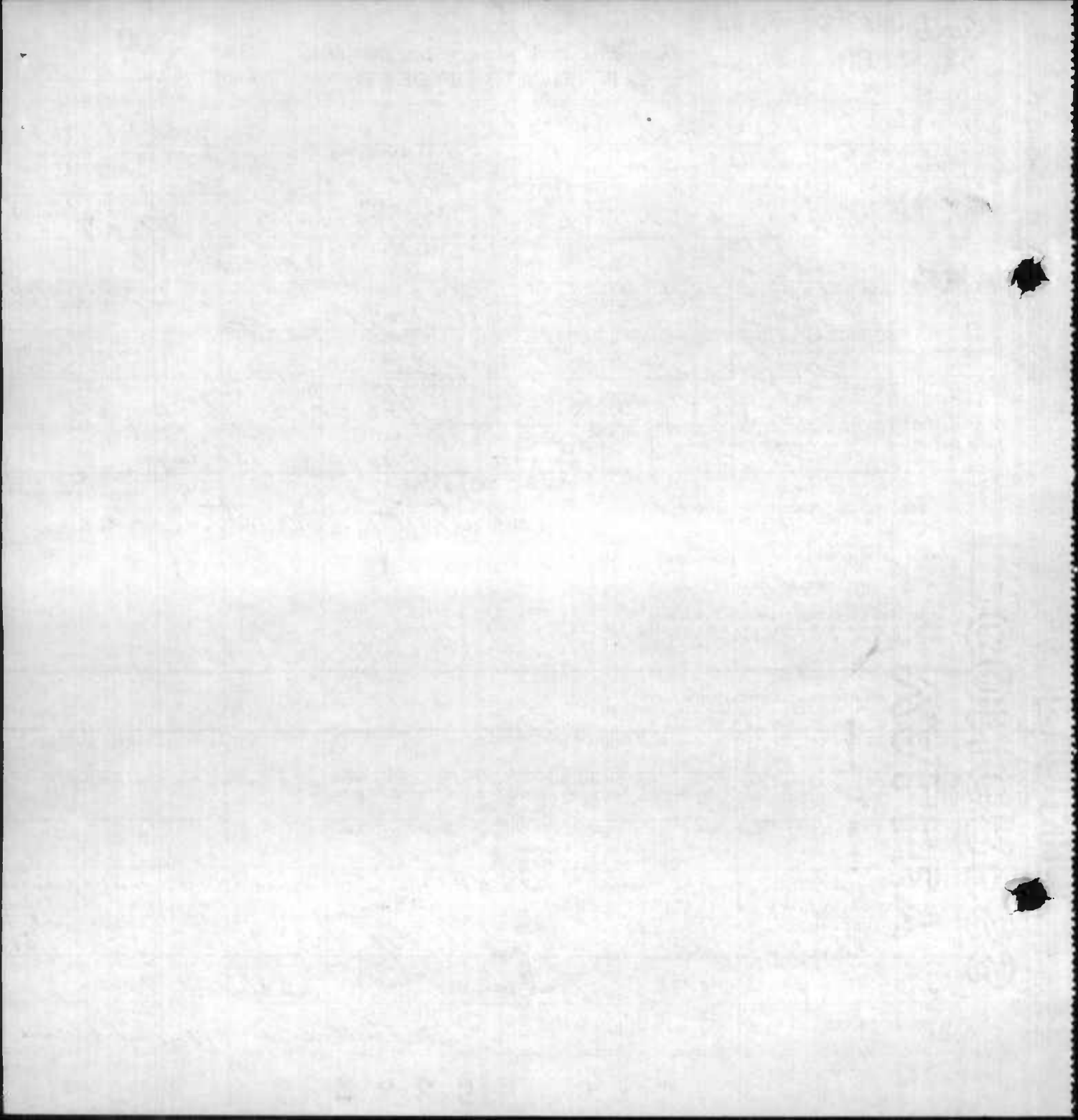
Registered No.

BIRTH NO. B-256		1. NAME OF DECEASED (Type or Print) BABY GIRL BOEGER		2. DATE OF DEATH June 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Balt. Md. B. COUNTY MD.			
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt. Md., MD. 9-07			
c. Length of stay in Baltimore 2 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1504 GORSUCH AVE.			
5. SEX F-	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH June 13, 1951	9. AGE (In years last birthday) 2
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JOHN J. BOEGER		14. MOTHER'S MAIDEN NAME HONORIE MORGAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Above (Mother)	
18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Immaturity - Immaturity DUE TO (A) Immaturity - Immaturity (B) Immaturity - Immaturity (C) Immaturity - Immaturity		INTERVAL BETWEEN ONSET AND DEATH 2 Days	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUNE 13, 1951 to June 14, 1951 , that I last saw the deceased alive on June 14, 1951 , and that death occurred at 9:04 AM. , from the causes and on the date stated above.					
23A. SIGNATURE Therese E. Matthews M.D.		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED June 14, 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BORIAL		24B. DATE 6-15-1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Baltimore Md.		25. FUNERAL DIRECTOR ADDRESS J. Walter Coxlin 2343 Hoped Road			
DATE RECEIVED BY LOCAL REGISTRAR JUN 15 1951		REGISTRAR'S SIGNATURE Walter Coxlin			

VS 150

19510005292

159



A-346

51 5301

51 5301

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Frances Adler

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore 15-10

D. STREET ADDRESS (If rural, give location)

4114 Penhurst Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)11 Under 1 Year 11 Under 24 Hours
Months Days Hours Min.

Female White

Married

7-2-16

34

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

own home

11. BIRTHPLACE (State or foreign country)

NYC

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Martin Lieberwitz

14. MOTHER'S MAIDEN NAME

Rose Moskowitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Bilateral Pyelonephritis

3 yrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-4, 1951 to 6-14, 1951, that I last saw the
deceased alive on 6-14, 1951, and that death occurred at 10:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles M. Levin

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

June 15/51

Brooklyn New York

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 15 1951

Lutington Williams, Jr.

Sol Schwartz + Bus W. Nath Ave

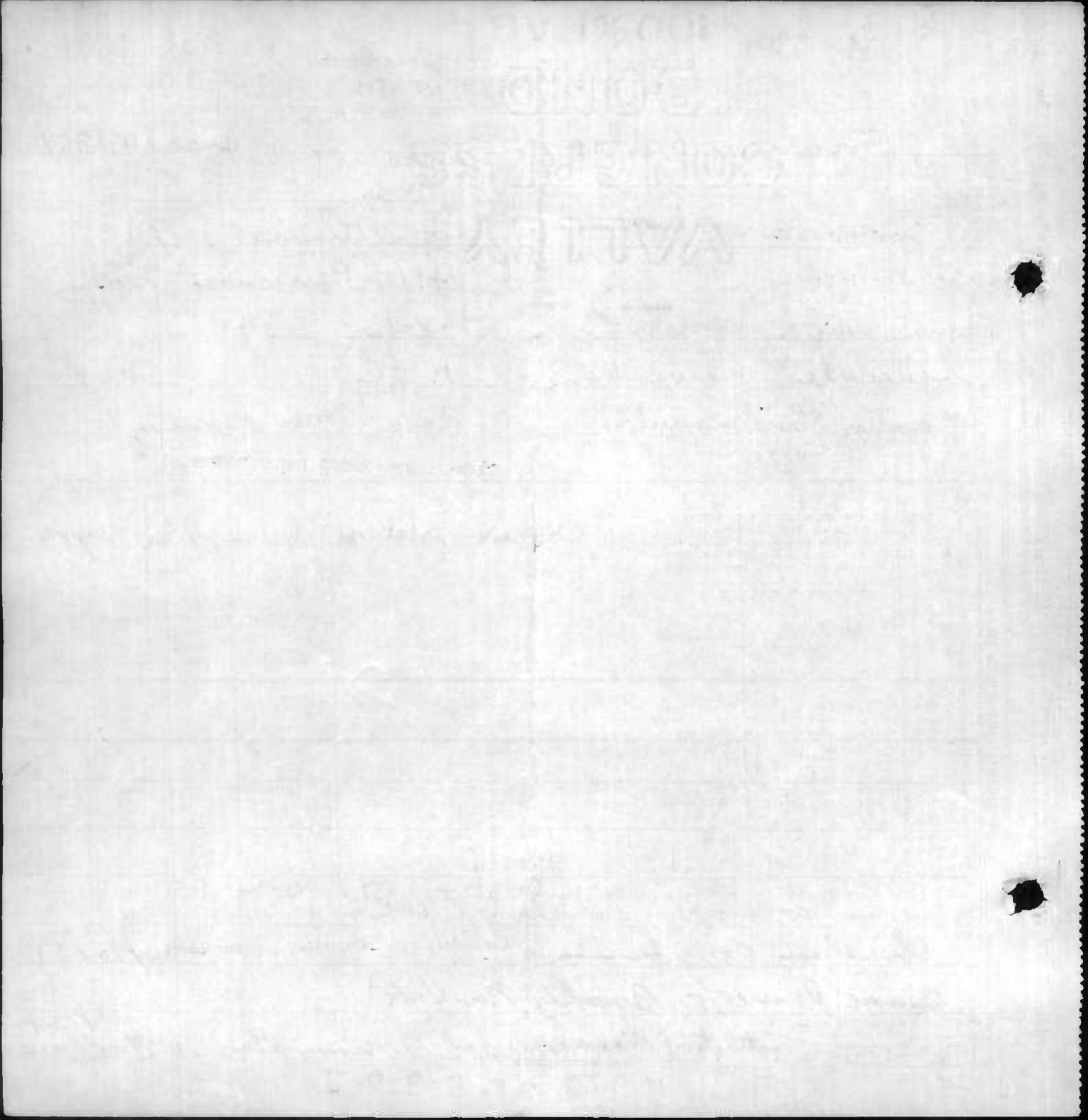
VS 150

95-10005293

133a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



H-530 51 5302

51 5302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

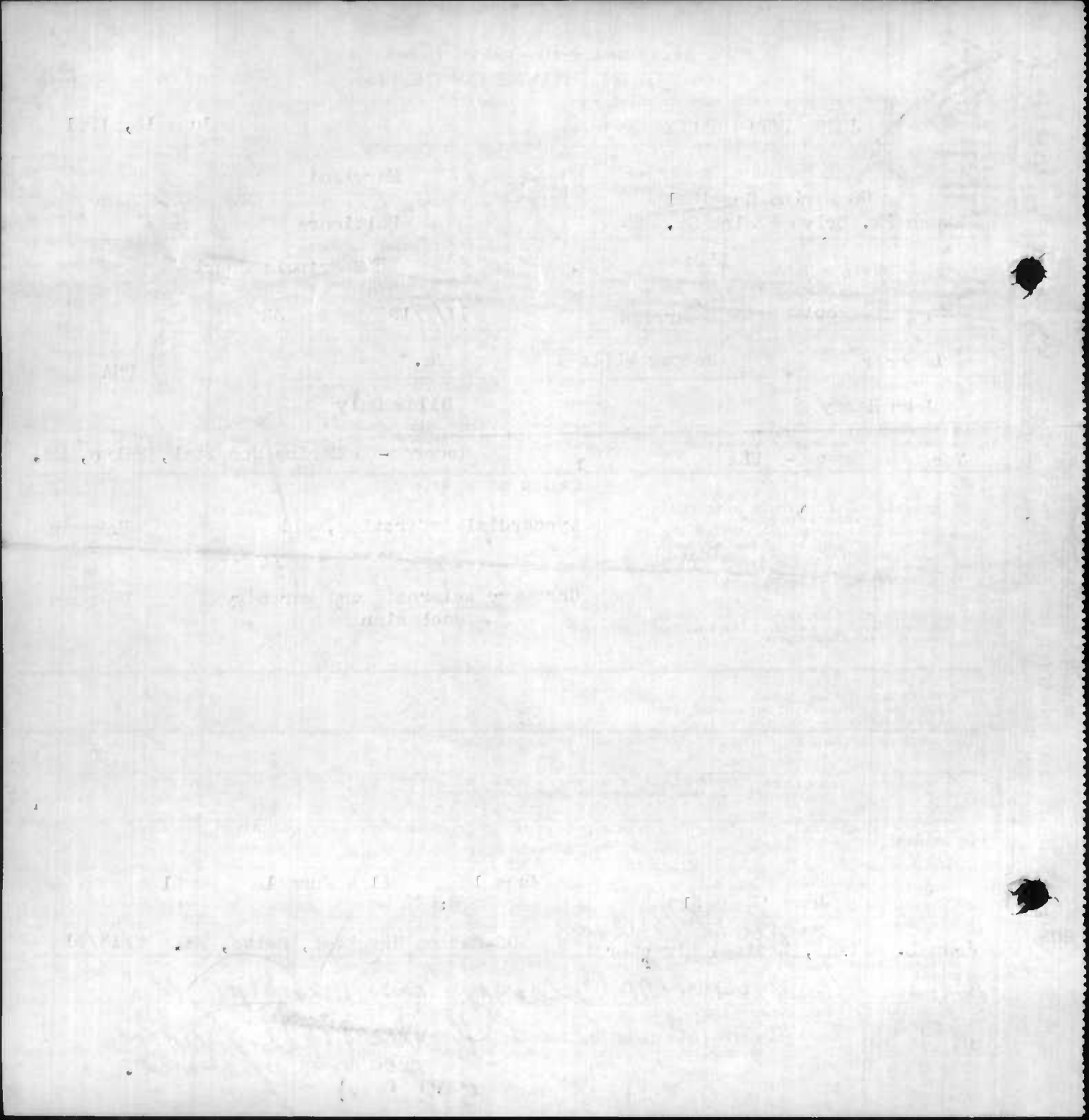
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN AUSTIN HANDY		2. DATE OF DEATH June 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-03			
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2532 Francis Court			
5. SEX M	6. COLOR OR RACE col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/7/18	9. AGE (In years last birthday) 32	If Under 1 Year: Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Hooper Mills		11. BIRTHPLACE (State or foreign country) Va.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Handy		14. MOTHER'S MAIDEN NAME Hilda Only	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW 2 - USA		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Records-US Marine Hospital, Balto, Md.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction, old DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH Unknown			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Coronary sclerosis and coronary occlusion DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH Unknown			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WHILE <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 12 , 1951, to June 13 , 1951 that I last saw the deceased alive on June 13 , 1951 and that death occurred at 8:50A m., from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson John L. Wilson, Medical Director M. D.		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 6/13/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE June 16-1951		24C. NAME OF CEMETERY OR CREMATORY MT CALVARY Cem.	
24D. LOCATION (City, town, or county) (State) BROOKLYN MD		24E. FUNERAL DIRECTOR Charles H. Alexander		24F. ADDRESS 1200 McCallum St.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 15 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.			

VS 150

1951 1970 45 5224

94a



S-166 51 5303

51 5303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs. Anna Mary Spurrier

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3621 Buena Vista Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

13-08

c. Length of stay in Baltimore 63 years
Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3621 Buena Vista Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 29 1876

9. AGE (In years
last birthday)

74

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Francis E. Quarles

14. MOTHER'S MAIDEN NAME

Catherine Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

--

17. INFORMANT

ADDRESS

Mrs. Catherine Covey 3621 Buena Vista Ave.

18.

442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from June 7, 1951, to June 14, 1951, that I last saw the
deceased alive on June 13, 1951, and that death occurred at 1:05 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Chas. G. Carr

23B. ADDRESS

6007 York Rd.

23C. DATE SIGNED

6/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 18, 1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 15 1951

Wm. H. Williams, M.D.

Burgee Funeral Home 3631 Falls Road Balto Md

Norval F. Burgee

131a

1951 0005295

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

Mr. Charles Barr
6007 York Road

656 51 5304

51 5304

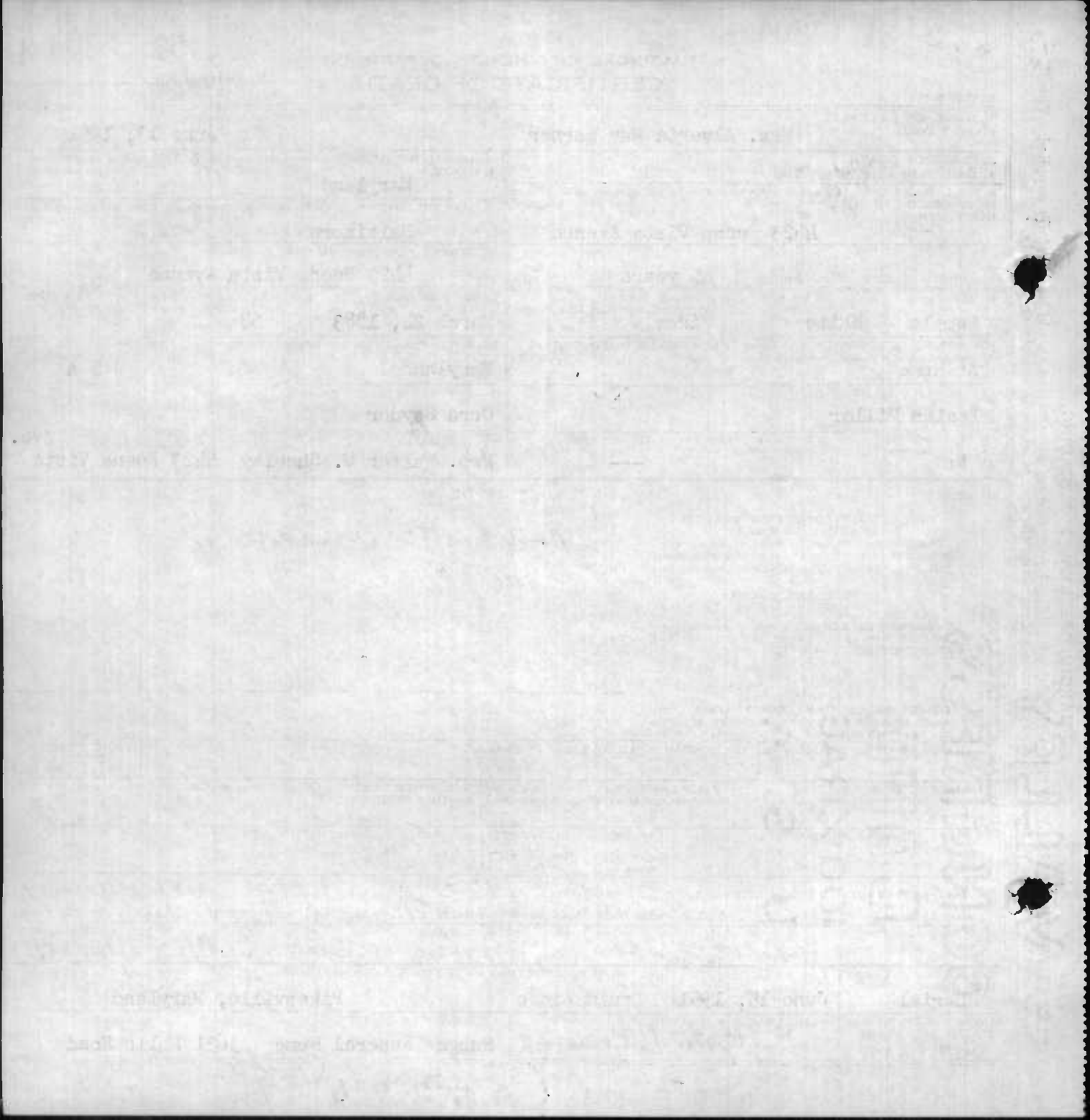
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mrs. Alverta May Warner		June 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4423 Buena Vista Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15			
c. Length of stay in Baltimore 45 years		D. STREET ADDRESS (If rural, give location) 4423 Buena Vista Avenue			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 24, 1883	9. AGE (In years last birthday) 68	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Isaiah Miller		14. MOTHER'S MAIDEN NAME Cora Snyder		12. CITIZEN OF WHAT COUNTRY? U S A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT ADDRESS Mrs. Walter M. Sheeley 4423 Buena Vista Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 757.1, POLYCYSTIC DISEASE OF BOTH KIDNEYS		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 6 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1946 to 6/13, 1951 that I last saw the deceased alive on 6/13, 1951, and that death occurred at 6:15 A.M., from the causes and on the date stated above.					
23A. SIGNATURE D. W. Williams		23B. ADDRESS 2020 N. Charles St.		23C. DATE SIGNED 6/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 15, 1951		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville, Maryland		25. FUNERAL DIRECTOR ADDRESS Burgee, Funeral Home 3631 Falls Road			
DATE RECEIVED BY LOCAL REGISTRAR JUN 15 1951		REGISTRAR'S SIGNATURE D. W. Williams		VS 150	

19510005296

133 B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

560 51 5305

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5305

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GUSS REAMER

2. DATE
OF
DEATH

6-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

7120 Park Heights Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore 27-20

c. Length of stay in Baltimore

Yrs.
Mos.
Days

life

D. STREET ADDRESS (If rural, give location)

7120 Park Heights Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male

white

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

33

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Merchant

HABERDASHERY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harley Reamer - same

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

acute lymphatic leukemia

2 mths.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐22. I hereby certify that I attended the deceased from April 15, 1951, to June 14, 1951, that I last saw the
deceased alive on June 17, 1951, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. Whitton

M. D.

1720 E. 4th Ave.

6/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6-15-51

Har Sinai

Balto

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 15 1951

Wm. Williams, M.D.

JACK REAMER 2100 Canton St

VS 150

2966E5207

74a

Whitehouse
1720 Easton

51 5306

51 5306

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GEORGE REPOLO VICKERS III

2. DATE
OF
DEATH

6-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Calver 83356

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

14-01

B. FULL NAME OF HOSPITAL OR INSTITUTION

Union Memorial Hospital

71 Yrs.
Mos.
Days

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

222 W. Lafayette Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 24, 1879

9. AGE (in years last birthday)

71

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Baker

14. MOTHER'S MAIDEN NAME

Mary Julia Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Mrs. Helen T. Vickers - wife - 222 W. Lafayette

ADDRESS

18. 443 x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

6 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular Disease

DUE TO

10 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-14, 1951, to 6-14, 1951, that I last saw the deceased alive on 6-14, 1951, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

June 14, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 16, 1951

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stewart & Mowen Company

ADDRESS

108 W. North Ave.

VS 150

195400745220

City #1. 931

MARGIN RESERVED FOR BINDING
PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

1. The first part of the paper is devoted to a review of the literature on the topic.

51 5307

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5307

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

4. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 540.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1951, to June 13, 1951, that I last saw the
deceased alive on June 13, 1951, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

51 5308

51 5308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EVA PACKMAN

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

2117 Denison St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

27-16

D. STREET ADDRESS (If rural, give location)

2420 W Cold Spring Lane

c. Length of stay in Baltimore

12 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1902

9. AGE (In years
last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bernard Kadish

14. MOTHER'S MAIDEN NAME

Rose Cohen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Packman 2420 W Cold Spring Lane

18.

194x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Metastatic carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Carcinoma thyroid.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

6-8 wks?

2 mths?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Terminal Broncho pneumonia

14 hrs?

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1951 to 6/14, 1951, that I last saw the
deceased alive on 6/14, 1951, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Maurice Feldman Jr

23B. ADDRESS

The Letrobe Charles & Reed Sts

23C. DATE SIGNED

6/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 15, 1951

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 15 1951

REGISTRAR'S SIGNATURE

Maurice Feldman Jr

25. FUNERAL DIRECTOR

Sol Lewinson & Son North Ave

ADDRESS 11260

VS 150

19510205300

55c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

EVA TALAMAN

51 5309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5309

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SUSIE

COTTMAN

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto, City

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

22-02

D. STREET ADDRESS (If rural, give location)

224 S. Greene St.

c. Length of stay in Baltimore

65Yrs

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

B. DATE OF BIRTH

6/15/1875

9. AGE (In years
last birthday)

74

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Richmond, Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Frances Dilver

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sylvester Hunter-224 S. Greene St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lovett

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
June 14, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/17/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Ct.

24D. LOCATION (City, town, or county)

A. A. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 15 1951

REGISTRAR'S SIGNATURE

William V. Lovett

25. FUNERAL DIRECTOR

J. L. Brown & Son - Montgomery St.

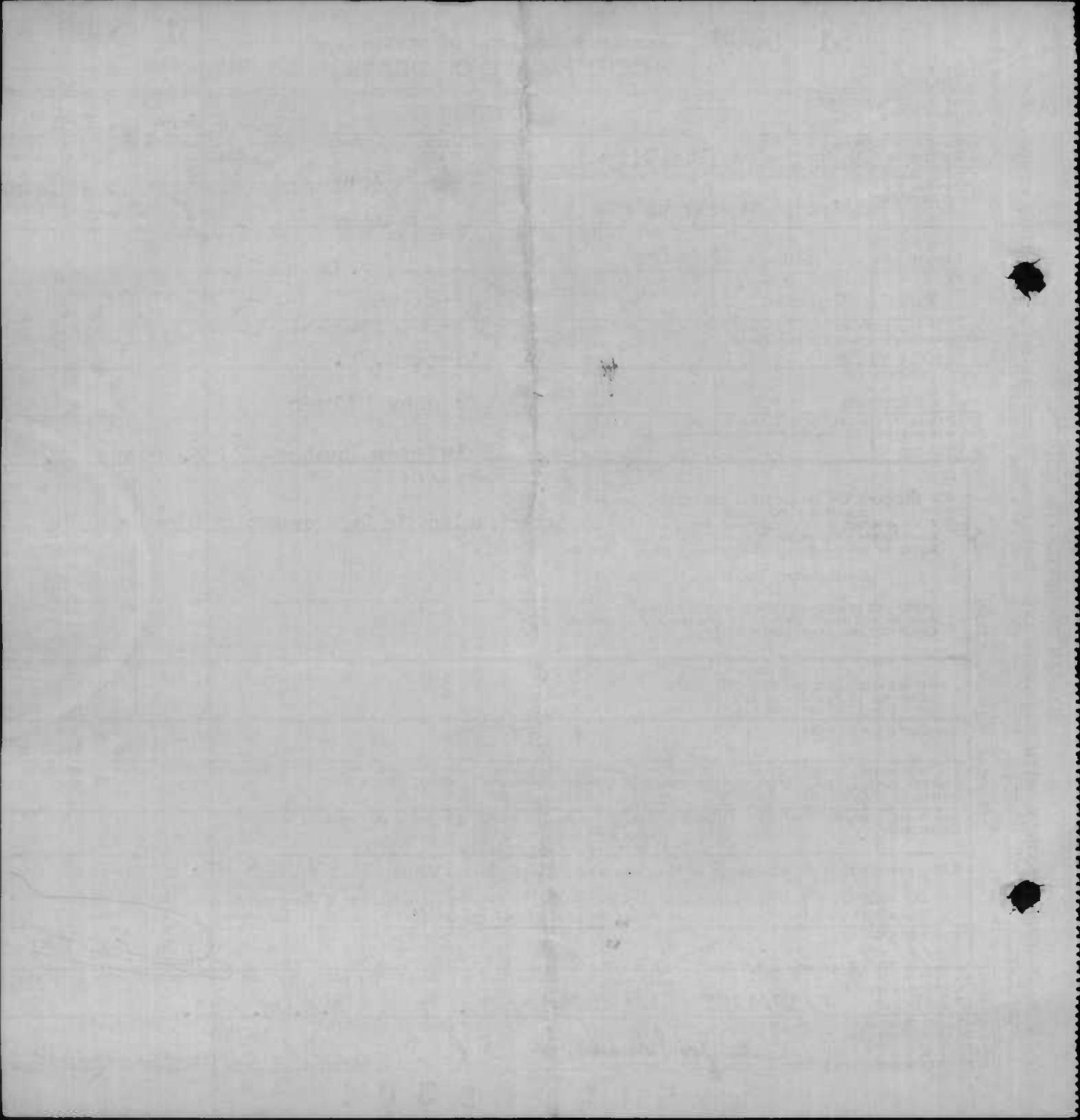
ADDRESS

108-2

VS 151

1951 JUN 15 5301

937 ✓



300

51 5310

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5310

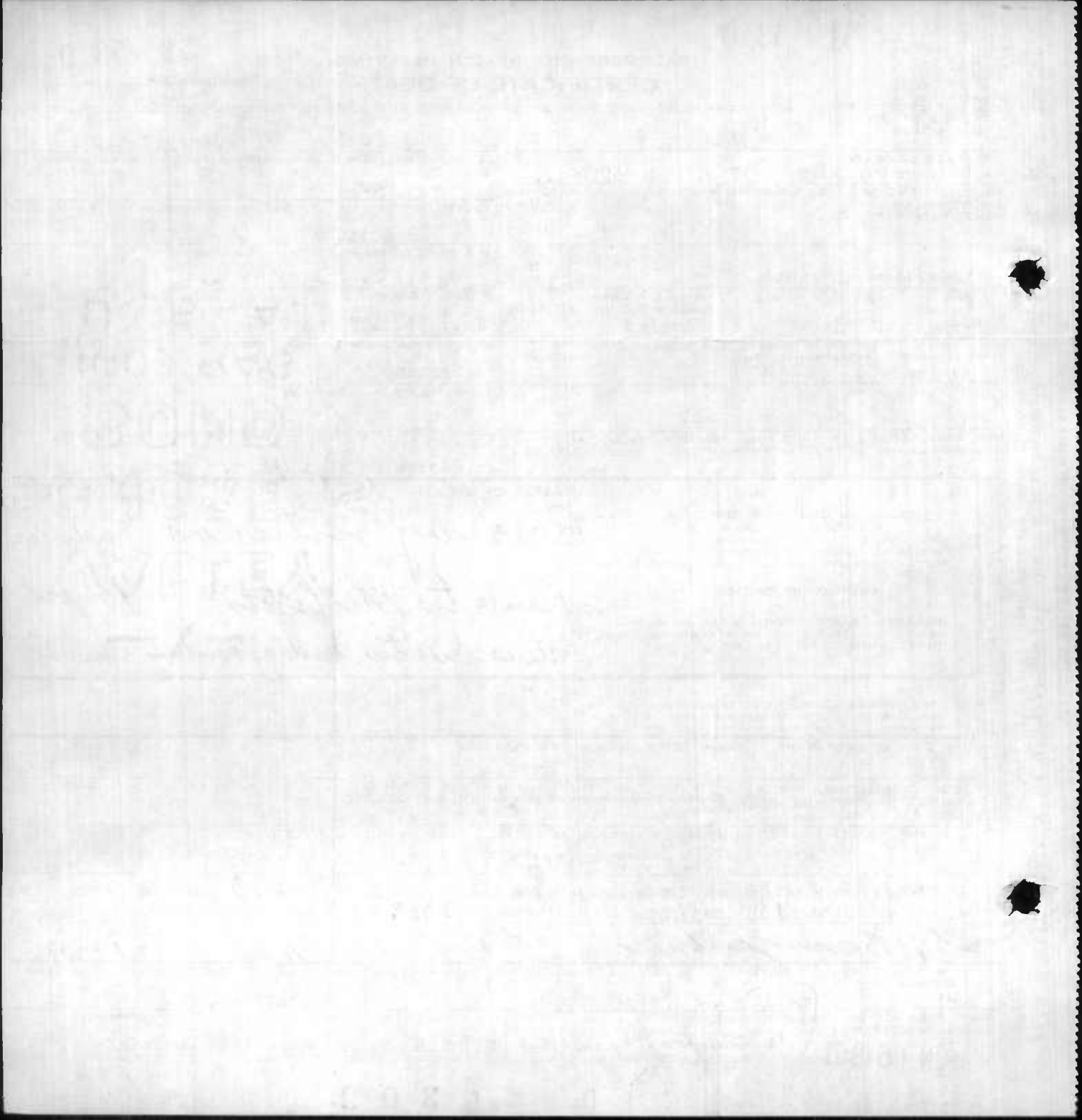
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		SELMA MATTHAI		June 13, 1951	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland 417 S. Folcroft St.,		A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
		Baltimore 26-05			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		417 S. Folcroft St.,			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days
Female	White	Married	July 31, 1873	77	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
At home			Germany		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Buehl					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No.		—		Frederick Matthai 348 S. Cornwall St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A) Coronary occlusion		Sudden	
ANTECEDENT CAUSES		(B) Diabetes Mellitus		10 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Arterio Sclerotic Cardio Vascular Union			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 3, 1951, to June 13, 1951, that I last saw the deceased alive on June 13, 1951 and that death occurred at 3:46 P. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
M. S. Gardner		Baltimore 6 Md		6-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		June 16, 1951		Parkwood	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JUN 15 1951		Huntington Williams, M.D.		Ullrich Funeral Home 2112 Dundalk Ave.	

VS 150

51 5310 5302

61



51 5311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5311
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Edward T. KLERLEIN.*2. DATE
OF
DEATH*6/14/51.*

3. PLACE OF DEATH:

A. Baltimore City, Maryland ☒

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Ind.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*Church Home + Hospital.*

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Balls: 8-06

C. Length of stay in Baltimore

Life.

D. STREET ADDRESS (If rural, give location)

1906 E. Federal Str.

5. SEX

M.

6. COLOR OR RACE

*White.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Divorced.*

8. DATE OF BIRTH

*6/18/1894.*9. AGE (In years
last birthday)*66.*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Salesman.*10B. KIND OF BUSINESS OR
INDUSTRY*BRUSHES (R)*

11. BIRTHPLACE (State or foreign country)

*Baltimore.*12. CITIZEN OF
WHAT COUNTRY?*USA.*

13. FATHER'S NAME

Frank Klerlein.

14. MOTHER'S MAIDEN NAME

*Amelia Wark.*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

156.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Liver.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/23/51*, 19 *51* to *6/14/51*, 19 *51*, that I last saw the
deceased alive on *6/13/51*, 19 *51*, and that death occurred at *7:05 AM*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

RECEIVED
OFFICE OF THE
DIRECTOR



51 5312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5312

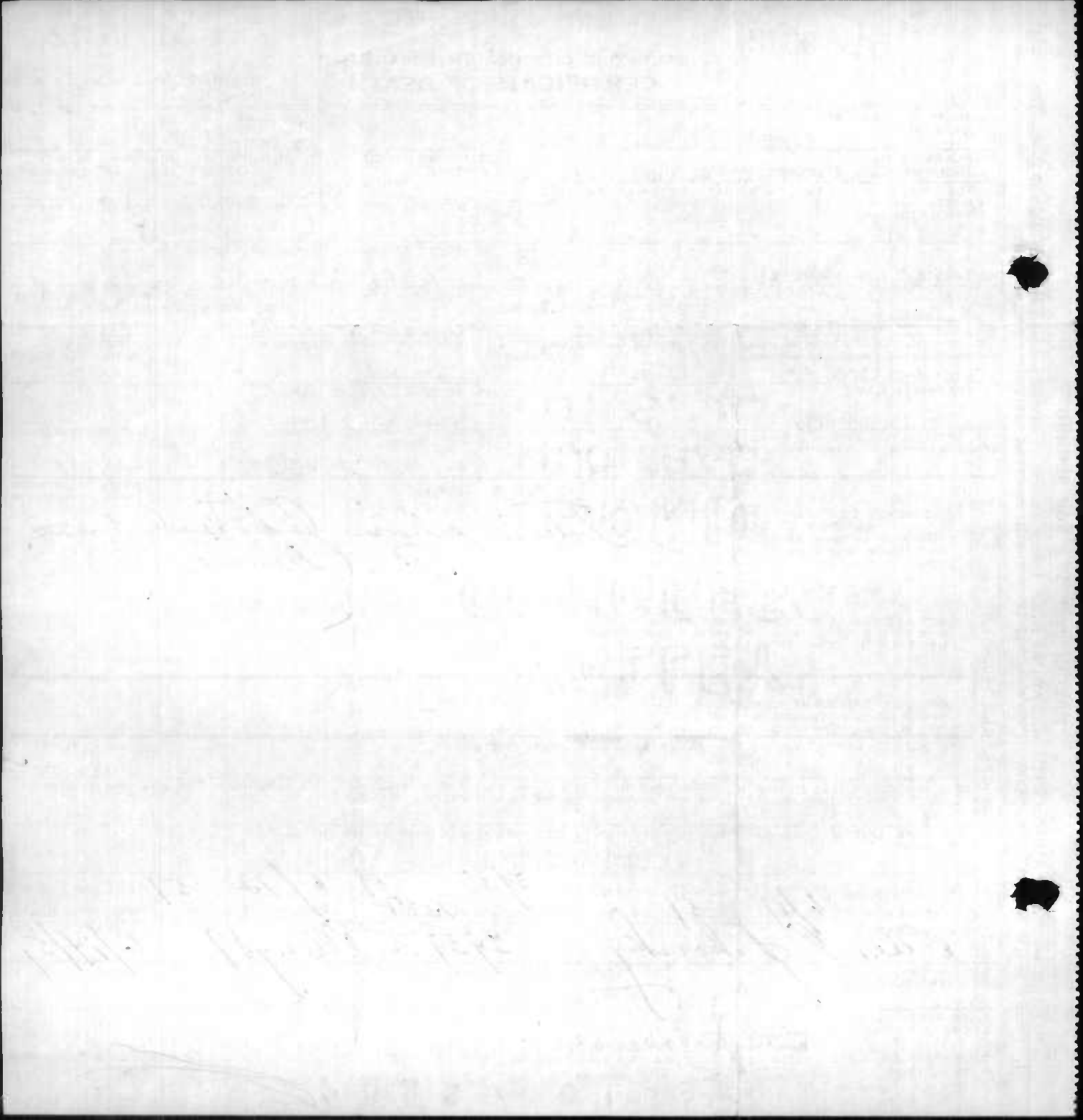
Registered No. _____

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) JAMES F. DOUGHERTY		2. DATE OF DEATH June 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 136 N. Curley St.,		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 60		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 136 N. Curley St.,	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 12, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder-retired		10B. KIND OF BUSINESS OR INDUSTRY Steel	9. AGE (in years last birthday) 77
11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Dougherty		14. MOTHER'S MAIDEN NAME Anna McGooligan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. --	
17. INFORMANT Mrs. Catherine Dougherty		ADDRESS 136 N. Curley St.	
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Poliois sclerosis Cordis Varicella Renal Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 months	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/30 , 19 51 , to 6/12 , 19 51 , that I last saw the deceased alive on 6/11 , 19 51 , and that death occurred at 12:30 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Edgar E. Sikorsky		23B. ADDRESS 3439 McElroy St.	
23C. DATE SIGNED 6/14/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 15, 1951	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Baltimore-Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 15 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.	
25. FUNERAL DIRECTOR Ullrich Funeral Home		ADDRESS -228 Orleans St.	

VS 150

19510005304

131a



51 5313

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5313

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY BERNARD LYNCH

2. DATE
OF
DEATH

June 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

145 N. Lakewood Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 6-02

D. STREET ADDRESS (If rural, give location)

145 N. Lakewood Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 6, 1886

9. AGE (in years
last birthday)

65

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

clerk ret. 25 yrs

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Post Office

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Stephen Lynch

14. MOTHER'S MAIDEN NAME

Ella Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 145 N. Lakewood Avenue
Mrs John T. Groves

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 day

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to June 12, 1951, that I last saw the
deceased alive on June 12, 1951, and that death occurred at 9 A. M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 15 1951

Huntington Williams, M.D.

HENRY SANDER & SONS, INC.

BALTO., 13, MD. S. T. Sander

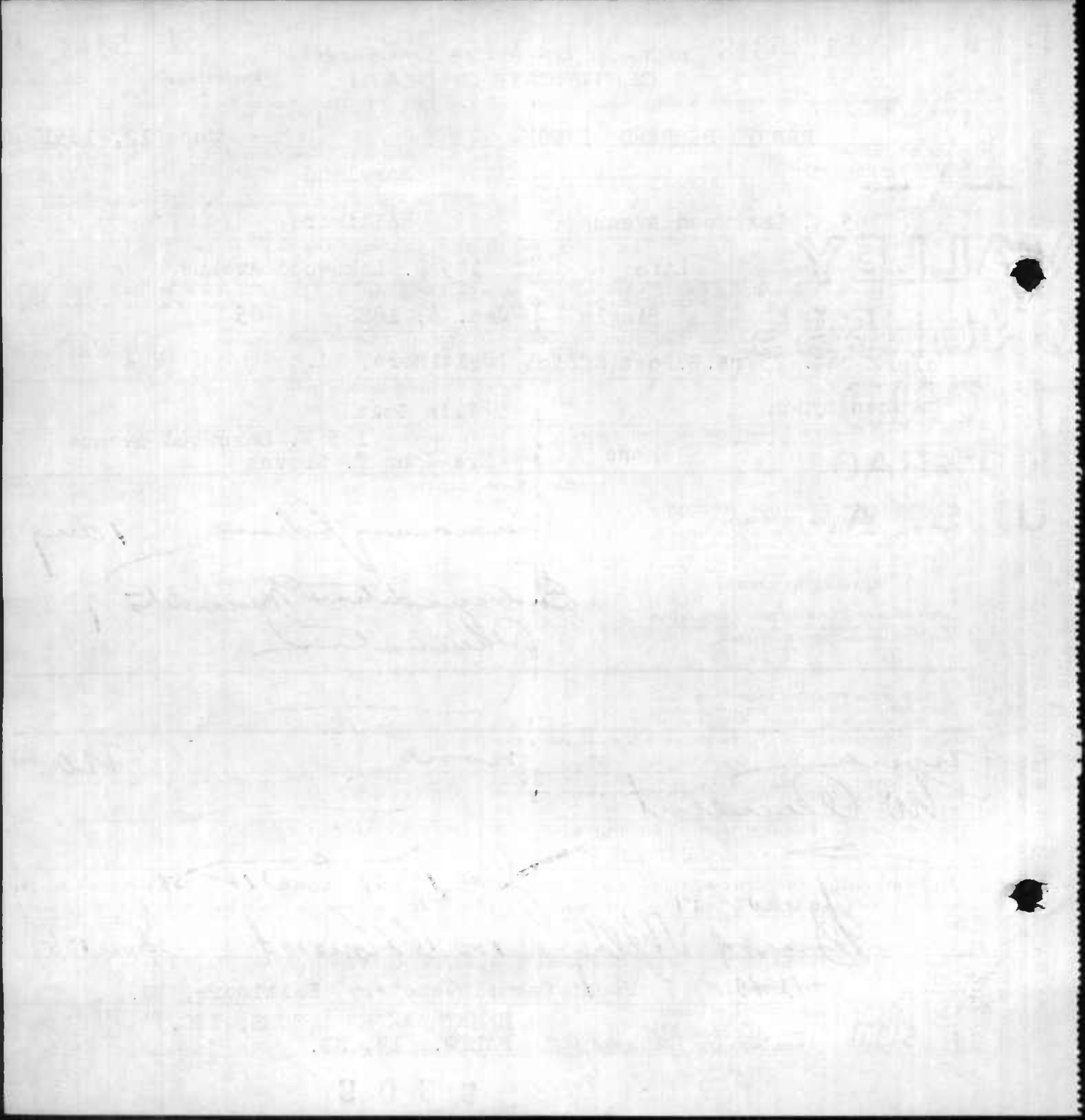
VS 150

1951 69090 5305

92c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 5314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5314

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARVEY JOHN HALL

2. DATE
OF
DEATH

June 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION

1744 Gorsuch Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1744 Gorsuch Avenue

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 12, 1884

9. AGE (In years
last birthday)

66

11. Under 1 Year
Months: Days12. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Brakeman

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Berkert Hall

14. MOTHER'S MAIDEN NAME

Susan ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

218-10-0925

17. INFORMANT 1744 Gorsuch Avenue
Mrs. Rose May Hall

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5 1950 to 6/11 1951, that I last saw the
deceased alive on 6/11 1951, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lanceel Legum

M. D.

23B. ADDRESS

1744 E North Ave

23C. DATE SIGNED

6/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/15/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

ADDRESS

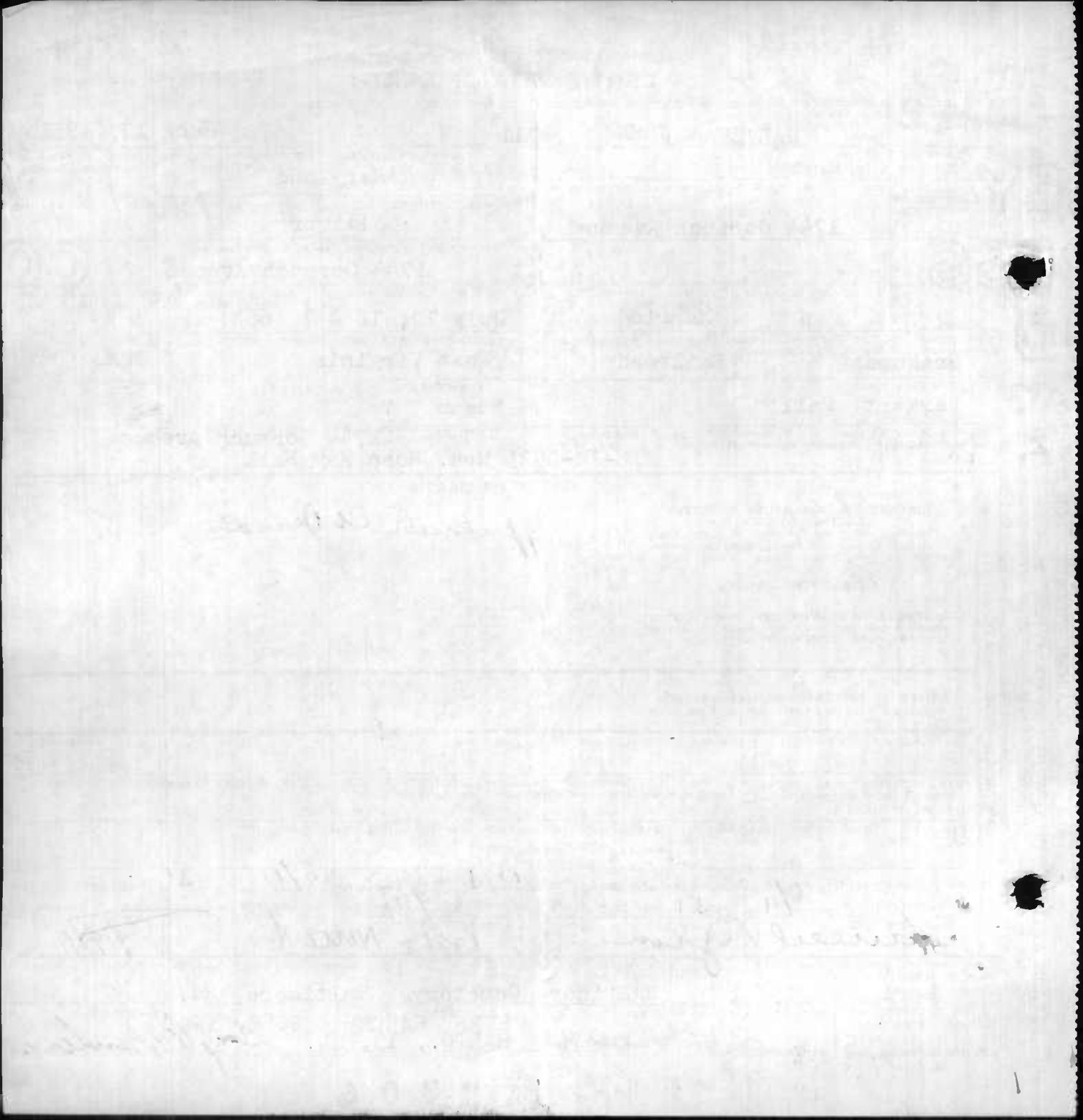
Sander & Sons

JUN 15 1951

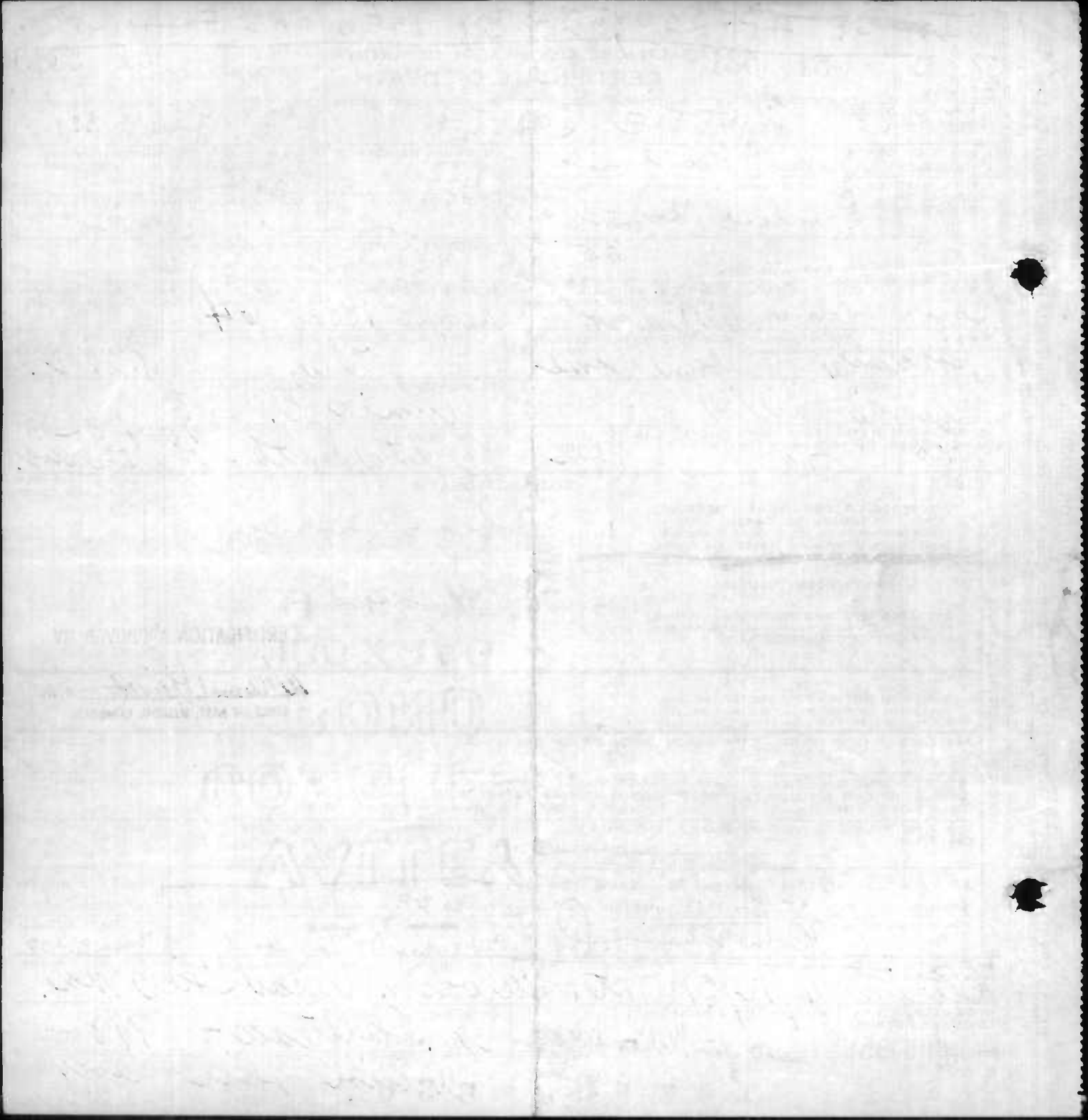
VS 150

7-5-624-585300

937



TO BE APPROVED BY MEDICAL EXAMINER									
530 51 5315 BALTIMORE CITY HEALTH DEPARTMENT					51 5315				
BIRTH NO.					CERTIFICATE OF DEATH				
1. NAME OF DECEASED (Type or Print)					2. DATE OF DEATH				
HATTIE SMITH					June 9, 1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
Baltimore					MD - Baltimore				
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
Prudent Hospital					Baltimore 716-02				
c. Length of stay in Baltimore					D. STREET ADDRESS (If rural, give location)				
25 Yrs. Mos. Days					923 N. Shuler Street				
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months	11. Under 24 Hours Days	12. Under 24 Hours Hours	13. Under 24 Hours Min.	
Female	Colored	Widow	Dec. 25, 1886	64					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			
Housewife			Own home			Va.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			12. CITIZEN OF WHAT COUNTRY?			
George Lyles			Annie C.			U. S. A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT			
No			None			Alberta Smith - 1044 3rd St. N. Fulton Ave.			
18. 447X CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					(A) Heart Failure				
ANTECEDENT CAUSES					(B) H. Hypertension				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					CERTIFICATION APPROVED BY				
					William L. Smith M. D. CHIEF OR ASST. MEDICAL EXAMINER.				
19A. DATE OF OPERATION					19B. MAJOR FINDINGS OF OPERATION				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 6-9-1951 and that death occurred at 6:30 P. m., from the causes and on the date stated above.									
23A. SIGNATURE			23B. ADDRESS			23C. DATE SIGNED			
Dr. Robert L. Smith M. D.			Prudent Hospital			June 9, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY			
Burial			6/16/51			Mt. Calvary, Cedar Hill Md.			
24D. LOCATION (City, town, or County) (State)			25. FUNERAL DIRECTOR			ADDRESS			
Baltimore			A. Galstead			918 - 93rd Hill Ave.			
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR ADDRESS			
JUN 15 1951			L. Williams, M.D.			918 - 93rd Hill Ave.			



51 5316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5316

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Beasley</i>		2. DATE OF DEATH <i>6/14/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>City</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-01</i>	
c. Length of stay in Baltimore Yrs. <i>29</i> Mos. <i>11</i> Days <i>11</i>		D. STREET ADDRESS (If rural, give location) <i>616 - Bradley St.</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 11, 1900</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Private</i>	9. AGE (In years last birthday) <i>51</i>
11. BIRTHPLACE (State or foreign country) <i>Pa.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Walter Beasley - Bradley St.</i>		ADDRESS <i>616 - Bradley St.</i>	
18. <i>157X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Ca of Head of Pancreas</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Jaundice</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>6/9</i> 19 <i>51</i> , to <i>6/14</i> 19 <i>51</i> , that I last saw the deceased alive on <i>6/13</i> 19 <i>51</i> , and that death occurred at <i>2:20</i> Am., from the causes and on the date stated above.			
23A. SIGNATURE <i>John H. Holmes III</i>		23B. ADDRESS <i>Provident Hosp.</i>	
23C. DATE SIGNED <i>6/14/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/18/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>		24D. LOCATION (City, town, or county) (State) <i>Cedar Hill Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 15 1951</i>		25. FUNERAL DIRECTOR <i>W. Halstead - 918</i>	

VS 150

226A

Cedar Hill Ave 469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

VALLEY
CONGRESS
MEMORIAL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Jenkins, John William

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR
NURSING HOME (If not in hospital or institution, give street address or location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

1131 Webb Court

c. Length of stay in Baltimore

65 yr.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 22, 1869

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machine Shop Steel Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Shoe Works

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alex Jenkins

14. MOTHER'S MAIDEN NAME

Martha Van Hook

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Daisy A. Jenkins 1131 Webb Court

18.

442 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive heart failure and renal

DUE TO failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardio-vascular

DUE TO renal disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1951 to June 14, 1951, that I last saw the
deceased alive on June 14, 1951 and that death occurred at 9:55 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Thaddeus Siwinski

M. D.

23B. ADDRESS

1400 W. Caroline St.

23C. DATE SIGNED

June 14, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/18/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Balt. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

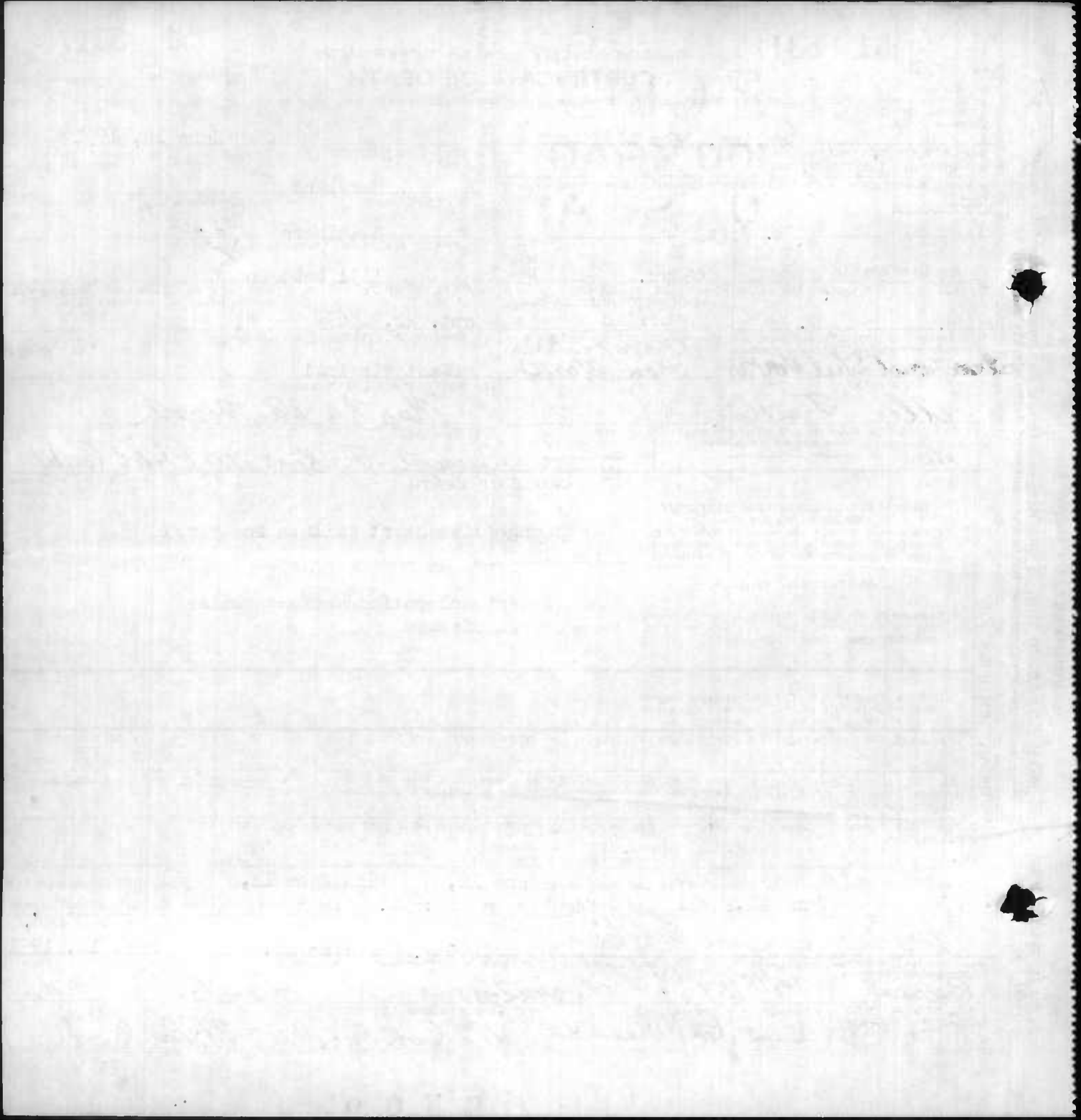
REGISTRAR'S SIGNATURE

Wm. C. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5318**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET ELLEN COLE

2. DATE
OF
DEATH

June 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4012 Eldorado Ave.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 7, 1868

9. AGE (in years
last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Rea

14. MOTHER'S MAIDEN NAME

Jane Kenmore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. H. H. Flitton-4012 Eldorado Ave.

18.

4/20.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Atherosclerotic Heart
Disease with 7 dilatation.

DUE TO

ANTECEDENT CAUSES

(B)

Hypertension

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1946, to June 13, 1951, that I last saw the
deceased alive on June 12, 1951, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers, M.D.

23B. ADDRESS

4108 Liberty Hts Ave

23C. DATE SIGNED

6/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/16/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

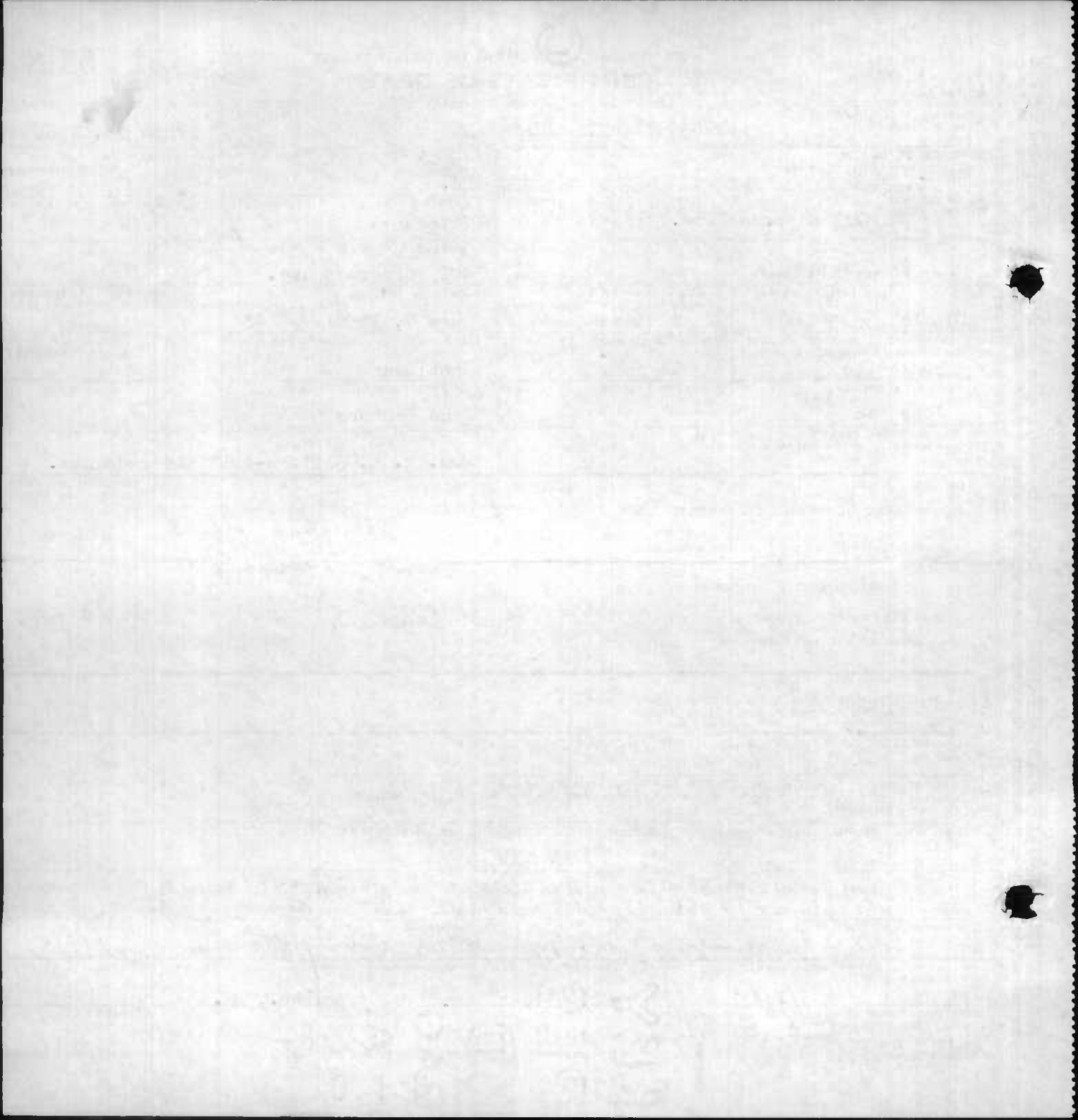
ADDRESS

JUN 15 1951

VS 150

19510005310

Balto., Md 93)



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5320**

BIRTH NO. **51 5320**

1. NAME OF DECEASED (Type or Print) NICHOLAS (NICK) DRAGOSIN SR.			2. DATE OF DEATH June 13, 1951.		
3. PLACE OF DEATH: A. Baltimore City, Maryland 507 S. Tolna St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26 05		
c. Length of stay in Baltimore About 4 yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 507 S. Tolna St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 6, 1885		9. AGE (In years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Millwright			10B. KIND OF BUSINESS OR INDUSTRY Wheeling Steel Co.		11. BIRTHPLACE (State or foreign country) Rumania
13. FATHER'S NAME Florea Dragosin			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Helen Dragosin			ADDRESS 507 S. Tolna St.		

<p>18. 443X I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>CAUSE OF DEATH</p> <p>(A) Cerebral hemorrhage</p> <p>DUE TO</p> <p>(B) Hypertensive Cardiovascular disease</p> <p>DUE TO</p> <p>(C) etc.</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p>

19A. DATE OF OPERATION 6-13-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-13, 1948 to 6-13, 1951 that I last saw the deceased alive on 6-13, 1951 and that death occurred at 1:15 P.M. from the causes and on the date stated above.					
23A. SIGNATURE John J. Gould		23B. ADDRESS 14 N East Ave		23C. DATE SIGNED 6-15-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 16, 1951		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Charles S. Geiler			
DATE RECEIVED BY LOCAL REGISTRAR JUN 15 1951		ADDRESS 901 S. Conkling St.			

VS 150

1951 56930 5312

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

60

✓

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2 BE APPROVED BY THE MEDICAL EXAMINER
5321
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5321

1. NAME OF DECEASED (Type or Print) <u>McGuire, Margaret</u>			2. DATE OF DEATH <u>June 14, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>60 yr.</u>			D. STREET ADDRESS (If rural, give location) <u>3614 Hamilton Ave.</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 12, 1872</u>	9. AGE (In years last birthday) <u>78</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>
13. FATHER'S NAME <u>Michael Mulryan</u>			14. MOTHER'S MAIDEN NAME <u>?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>?</u>			16. SOCIAL SECURITY NO. <u>?</u>		
17. INFORMANT <u>Miss Margaret Mc Guire same</u>			ADDRESS <u>same</u>		
18. <u>434.1 and E903.0</u> CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) <u>Bronch pneumonia and congestive heart failure.</u>		
ANTECEDENT CAUSES			(B) <u>CERTIFICATION APP. Dr. H. Kammmer</u>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) <u>R. S. Fisher M. D.</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>① Fractured hip - ② Renal failure - ③ diabetes mellitus</u>					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <u>✓</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>3614 Hamilton Ave.</u>	
21D. TIME (Month) (Day) (Year) (Hour) <u>June 6, 1951</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Look step backward & fall, same level</u>	
22. I hereby certify that I attended the deceased from <u>June 9, 1951</u> , to <u>June 14, 1951</u> that I last saw the deceased alive on <u>June 14, 1951</u> and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>E. J. Coffey Jr.</u>		23B. ADDRESS <u>1400 N. Caroline St.</u>		23C. DATE SIGNED <u>June 14, 1951</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6-18-51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
24D. LOCATION (City, town, or county) <u>Essex Md</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 15 1951</u>		24F. REGISTRAR'S SIGNATURE <u>W. J. Luck</u>	
24G. FUNERAL DIRECTOR <u>W. J. Luck</u>		24H. ADDRESS <u>5305 Harford Rd</u>		24I. VS 150	

19510005313

186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and intelligibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5322**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*M. Dolores George*2. DATE
OF
DEATH*June 15-1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3017 Ailsea Ave

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3017 Ailsea Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 21-1914

9. AGE (in years last birthday)

37

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William M. Singleton

14. MOTHER'S MAIDEN NAME

Ethel Lehman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Mr. Wilbur C. George - 3017 Ailsea*18. *200.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Granulocytic Lymphosarcoma

INTERVAL BETWEEN ONSET AND DEATH

4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

16 Mar 1951

19B. MAJOR FINDINGS OF OPERATION

Lymphosarcoma

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 1951* to *June 1951*, that I last saw the deceased alive on *14 June 1951*, and that death occurred at *7:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

G. Allan Linn

M. D.

23B. ADDRESS

1134 E. Belvidere

23C. DATE SIGNED

15 June 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-18-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Tabor

24D. LOCATION (City, town, or county)

Bolton Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 15 1951

REGISTRAR'S SIGNATURE

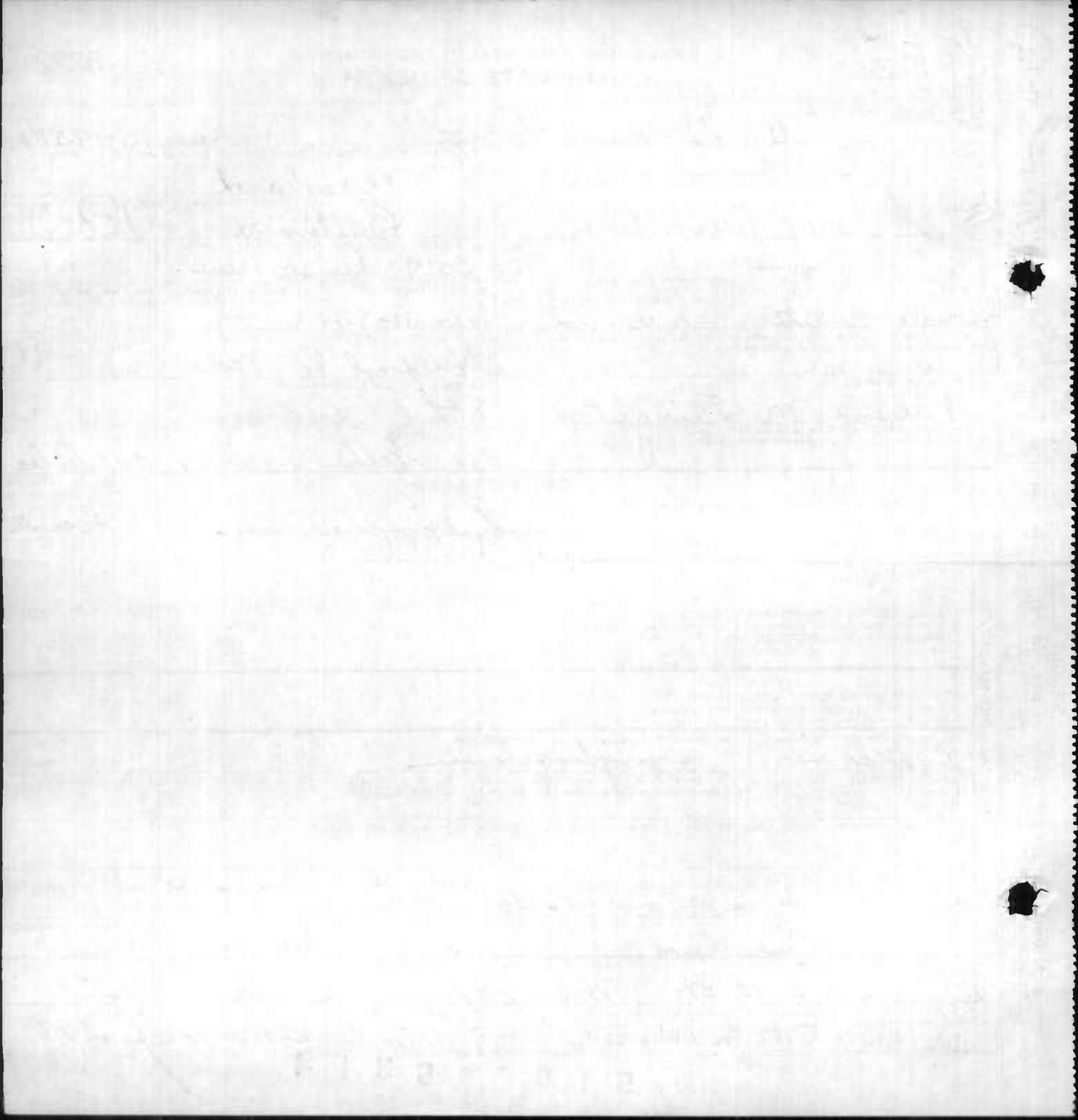
W. J. Luck

25. FUNERAL DIRECTOR

W. J. Luck

ADDRESS

5305 Harford Rd.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5323

BIRTH NO. 5323

1. NAME OF DECEASED
(Type or Print)

Elizabeth T. White

2. DATE
OF
DEATH

June 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Mercy Hospital (DOH)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore,

11-02

D. STREET ADDRESS (If rural, give location)

813 N. Charles St.

c. Length of stay in Baltimore

3 yrs.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Ridgely White

14. MOTHER'S MAIDEN NAME

Jane Margaret Cary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John McKim White

Riderwood, Md.

18. E978X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Dependancy

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Apt. House

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

1001 St. Paul St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 13 1951 11:45 a.m.

21E. INJURY OCCURRED
WHILE AT NOT WHILE ☒
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

Fall from roof

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 14, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 16, 1951

24C. NAME OF CEMETERY OR CREMATORY

St. Johns

24D. LOCATION (City, town, or county)

Ellicott City, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 15 1951

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

John O. Mitchell

ADDRESS

1900 Eutaw Place

VS 151

N 804.2

510005315

164E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

10-10-1968

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth		6. Date of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician		11. Signature of registrar	
JAMES EARL RAY		M		W		5-1-1928		MEMPHIS, TENN		6-6-1968		MEMPHIS, TENN		HEART DISEASE		NATURAL		JAMES EARL RAY		JAMES EARL RAY	
12. Date of funeral		13. Name of funeral home		14. Name of cemetery		15. Name of burial place		16. Name of officiating minister		17. Name of officiating minister		18. Name of officiating minister		19. Name of officiating minister		20. Name of officiating minister		21. Name of officiating minister		22. Name of officiating minister	
6-10-1968		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	

11-10-1968

11-10-1968

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Duplicate

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5324

ND-148925 51-12526
BIRTH NO. 3324

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH <u>May 28, 1951</u>	
Baby Boy "A" Maupin (Mary)			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Baltimore City Hospitals</u> <u>4940 Eastern Avenue</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1504 Eutaw Place</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 28, 1951</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) <u>3</u> <u>5</u> Months: Days: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Cecil Maupin</u>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Mary Lee Heller</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Baltimore City Hospitals</u> <u>Records: 4940 Eastern Avenue</u>	

18. <u>776x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) <u>Prematurity</u> DUE TO ANTECEDENT CAUSES (B) _____ DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <u>Life</u>
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-28</u> , 19 <u>51</u> , to <u>5-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-28</u> , 19 <u>51</u> and that death occurred at <u>12:45pm</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>J.S. Cohen</u> M.D.		23B. ADDRESS <u>4940 Eastern Avenue</u>	23C. DATE SIGNED <u>6-4-51</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24B. DATE <u>6-4-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>B.C.H. Crematory</u>	24D. LOCATION (City, town, or county) (State) <u>4940 Eastern Avenue</u>
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>William M. Williams</u>	25. FUNERAL DIRECTOR ADDRESS

JUN 15 1951

VS 150

19510005316

159

1952

11

11

11-12-52

U.S. AIR FORCE
ROMO

WHEEL



BALTIMORE CITY HEALTH DEPARTMENT

51 5325

Registered No.

REA-149008
51-12405

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) Baby Boy Martin-Ola		2. DATE OF DEATH May 31, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 525 W. Cross Street	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 31, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 21-01	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Burtis Martin		12. CITIZEN OF WHAT COUNTRY? 25	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Ola McCray	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue	
18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Causes of Death: I Foetal Anoxia DUE TO II Subarachnoid Hemorrhage DUE TO Prematurity		INTERVAL BETWEEN ONSET AND DEATH Life Life Life	
19a. DATE OF OPERATION 7		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-31 , 19 51 , to 5-31 , 19 51 , that I last saw the deceased alive on 5-31 , 19 51 , and that death occurred at 2:30 A m., from the causes and on the date stated above.			
23a. SIGNATURE W. J. Hogan		23b. ADDRESS 4940 Eastern Avenue	
23c. DATE SIGNED 6-2-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 6-1-51	
24c. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory		24d. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 5 1951		REGISTRAR'S SIGNATURE Wm. J. Hogan	
25. FUNERAL DIRECTOR		ADDRESS	

See Document File 51 5325

8/10/51

BS

P-625

51

5326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5326

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward W. Perkins

2. DATE
OF
DEATH

June 14th, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1539 Aisquith Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
MarylandB. COUNTY
CityC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1539 Aisquith Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Oct. 19th 1869

9. AGE (In years
last birthday)

81

If Under 1 Year
Months Days

7 23

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter (Retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Mattress Company

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Perkins

14. MOTHER'S MAIDEN NAME

Alice Meekins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.
216-03-4827

17. INFORMANT

ADDRESS

Mrs. Alice EZahradka-1539 Aisquith Street

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic C.V. disease

DUE TO

ANTECEDENT CAUSES

(B) Generalized Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) Chronic Bronchitis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

5 years

10 years

5 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1946 to June 14, 1951 that I last saw the
deceased alive on June 13, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. W. H. Brenner

M. D.

23B. ADDRESS

1520 E. 33rd St.

23C. DATE SIGNED

6.14.51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-16-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Frederick Rd. Balto: Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 15 1951

REGISTRAR'S SIGNATURE

W. W. H. Brenner

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

ADDRESS

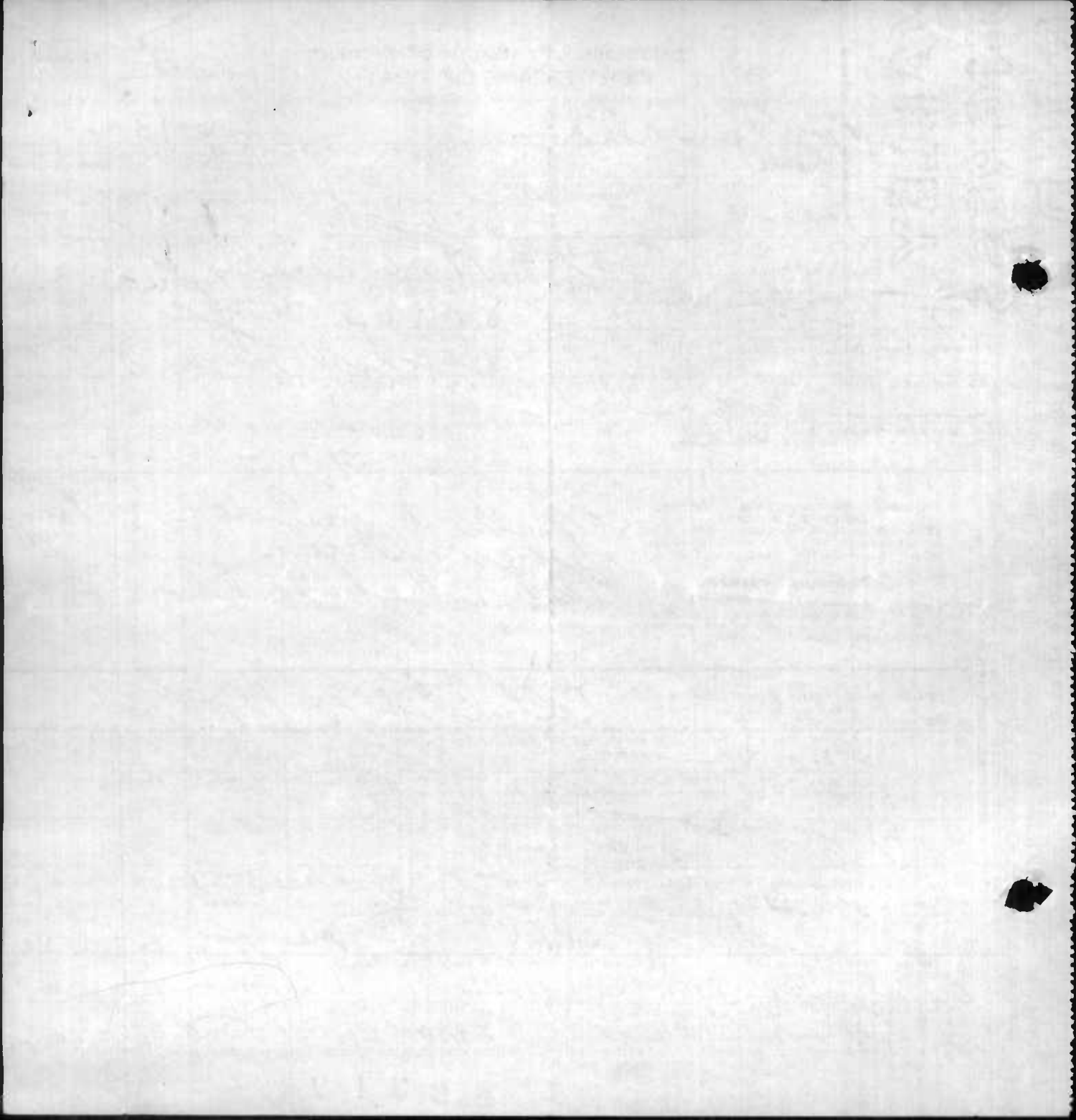
CO
CNC

ASTA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5327

BIRTH NO. 632 51 5327			2. DATE OF DEATH 6-13-51		
1. NAME OF DECEASED (Type or Print) Mary Zahradka			3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mary			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 37			D. STREET ADDRESS (If rural, give location) 17 So. Curly St		
c. Length of stay in Baltimore 30 yrs			5. SEX F		
6. COLOR OR RACE Wht			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ?		
8. DATE OF BIRTH 8-16-83			9. AGE (In years last birthday) 68 yrs		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?			10B. KIND OF BUSINESS OR INDUSTRY ?		
11. BIRTHPLACE (State or foreign country) Czechoslovakia			12. CITIZEN OF WHAT COUNTRY ?		
13. FATHER'S NAME Posenosilava			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Son - James			ADDRESS		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Long. heart failure - 5 days (A) Pneumonia (B) Art. sclerot. heart dis. (C) Cellulitis of leg		
19A. DATE OF OPERATION none			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from 6-7-51 to 6-13-51, that I last saw the deceased alive on 6-13-51, and that death occurred at 350 m., from the causes and on the date stated above.		
23A. SIGNATURE Fowler F. White			23B. ADDRESS Mary		
23C. DATE SIGNED 6-13-51			24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24B. DATE JUNE 18-51			24C. NAME OF CEMETERY OR CREMATORY OAK HILL		
24D. LOCATION (City, town, or county) BALTIMORE			24E. (State) MD		
DATE RECEIVED BY LOCAL REGISTRAR JUN 15 1951			REGISTRAR'S SIGNATURE Huntington Williams, MD		
25. FUNERAL DIRECTOR FRANK CHACH			ADDRESS * SON 900 N. CHESTER		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 5328

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)James R. Boone2. DATE
OF
DEATHJune 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE MarylandB. COUNTY before admissionB. FULL NAME OF
HOSPITAL OR
INSTITUTION ARDLEIGH Nursing HomeC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

829 N. Collington Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

Aug. 2, 18679. AGE (in years
last birthday)8311 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)ENGINEER10B. KIND OF BUSINESS OR
INDUSTRYSTATIONARY ENG.

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?U.S.

13. FATHER'S NAME

John Henry Boone

14. MOTHER'S MAIDEN NAME

Elizabeth Fourkner15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.212-18-0013

17. INFORMANT

ADDRESS

Nellie Gattis 829 N. Collington Ave.18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2nd 1951, to June 15, 1951, that I last saw the
deceased alive on June 13 1951, and that death occurred at 1:15 A.M. from the causes and on the date stated above.

23A. SIGNATURE

William G. Belbrick

M. D.

23B. ADDRESS

5006 Roland Ave

23C. DATE SIGNED

6-15-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

June 19, 1951

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRARJUN 15 1951

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Yueh Crochran 9004 Chestnut

James R. Jones

1871

Grandchild of my Mother

2nd of 2 children

W. H. Jones

James R. Jones

(James R. Jones)

James R. Jones

1871

2nd of 2 children

W. H. Jones

(James R. Jones)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

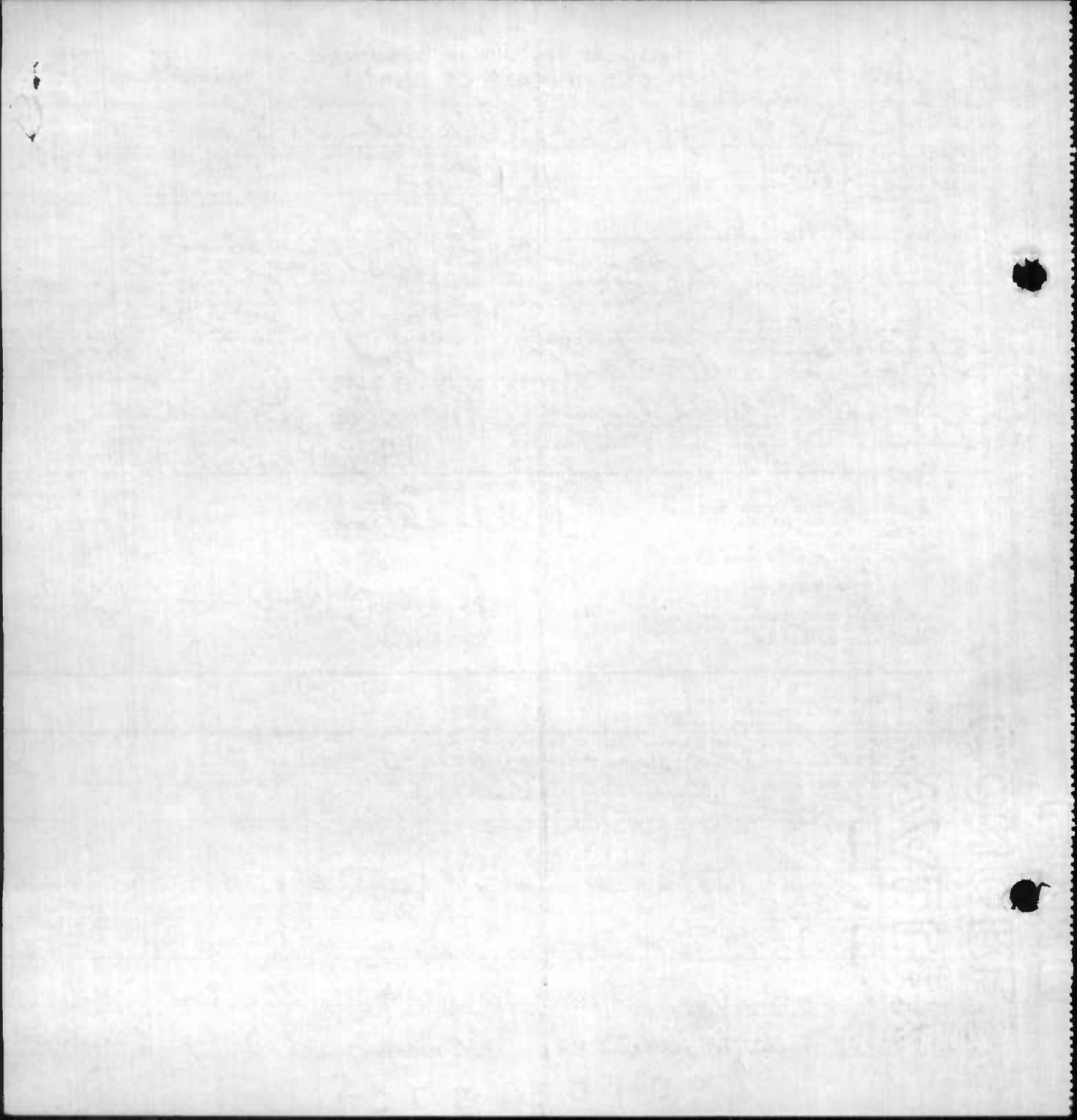
Registered No. 51 5329

BIRTH NO. 51 5329		1. NAME OF DECEASED (Type or Print) <i>John H. Williams</i>		2. DATE OF DEATH <i>6-15-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY <i>Worcester</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Berlin</i>			
c. Length of stay in Baltimore <i>2 days</i>		D. STREET ADDRESS (If rural, give location) <i>Washington St.</i>			
5. SEX <i>m</i>	6. COLOR OR RACE <i>wh</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH <i>5-16-81</i>	9. AGE (In years last birthday) <i>80 yrs</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Staplekeeper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retail</i>	11. BIRTHPLACE (State or foreign country) <i>Ind</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>James Williams</i>		14. MOTHER'S MAIDEN NAME <i>Martha Dairdson</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. Purnel - Daughter</i>			
18. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Suffocation</i> DUE TO (B) <i>Ca of. esophagus</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>5 min.</i> <i>1 yr ±</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION <i>Esophagoscopy 6-15-51 - Found ca.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <i>no</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>no</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-14-51</i> 19__, to <i>6-15-51</i> 19__, that I last saw the deceased alive on <i>6-15-51</i> 19__, and that death occurred at <i>11:05</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Lawler J. White</i>		23B. ADDRESS <i>Mercy Hosp</i>		23C. DATE SIGNED <i>6-15-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 18/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Evergreen Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Berlin, Md</i>		24E. LOCATION (State) <i>Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Anna A. Burboe, Berlin, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 16 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Anna A. Burboe, Berlin, Md</i>	

VS 150

19510005321

46a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5330**

420
51 5330
ND-147306

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosetta L. Wells

2. DATE
OF
DEATH **June 14, 1951**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **16-03**

c. Length of stay in Baltimore **3 Yrs.**
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
922 Mount St.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Separated

8. DATE OF BIRTH

Feb. 1, 1897

9. AGE (In years
last birthday)

54

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Wells

14. MOTHER'S MAIDEN NAME

Eleanore Spriggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT **Baltimore City Hospitals**
Records: 4940 Eastern Avenue

18. **153X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Adenocarcinoma of colon with
metastasis**

6 Mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-7-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Colon

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-19**, 1951, to **6-14**, 1951, that I last saw the
deceased alive on **6-14**, 1951, and that death occurred at **1:40 p m.**, from the causes and on the date stated above.

23A. SIGNATURE

W. A. Jackson

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-14-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6-18-51

24C. NAME OF CEMETERY OR CREMATORY

MT. AUGURN

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. A. Jackson

25. FUNERAL DIRECTOR

ADDRESS

Wm. A. Jackson - 916 PENNA. AVE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5331
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*James Wright*2. DATE
OF
DEATH*6-12-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Mercy Hospital*

C. Length of stay in Baltimore

*18*Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)*MD*

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

6204 Fairmount Ave

5. SEX

M

6. COLOR OR RACE

*B*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*1897*9. AGE (In years
last birthday)*53*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Labourer*10B. KIND OF BUSINESS OR
INDUSTRY*Gen.*

11. BIRTHPLACE (State or foreign country)

*Alabama*12. CITIZEN OF
WHAT COUNTRY?*U.S.*

13. FATHER'S NAME

Joseph Wright

14. MOTHER'S MAIDEN NAME

*Not known*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.*NA KAPWA*

17. INFORMANT

Hospital Records

ADDRESS

18. *442X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Nephrosclerosis*

DUE TO

NA KAPWA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertensive cardiac condition*

DUE TO

cardiovascular-renal disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 1*, 1951, to *June 12*, 1951, that I last saw the
deceased alive on *June 12*, 1951, and that death occurred at *3:10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Ireland

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

*6-12-51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*BURIAL*

24B. DATE

6-16-51

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*JUN 16 1951*

REGISTRAR'S SIGNATURE

Wm. A. Jackson

25. FUNERAL DIRECTOR

Wm. A. JACKSON - 916 PENNA. AVE.

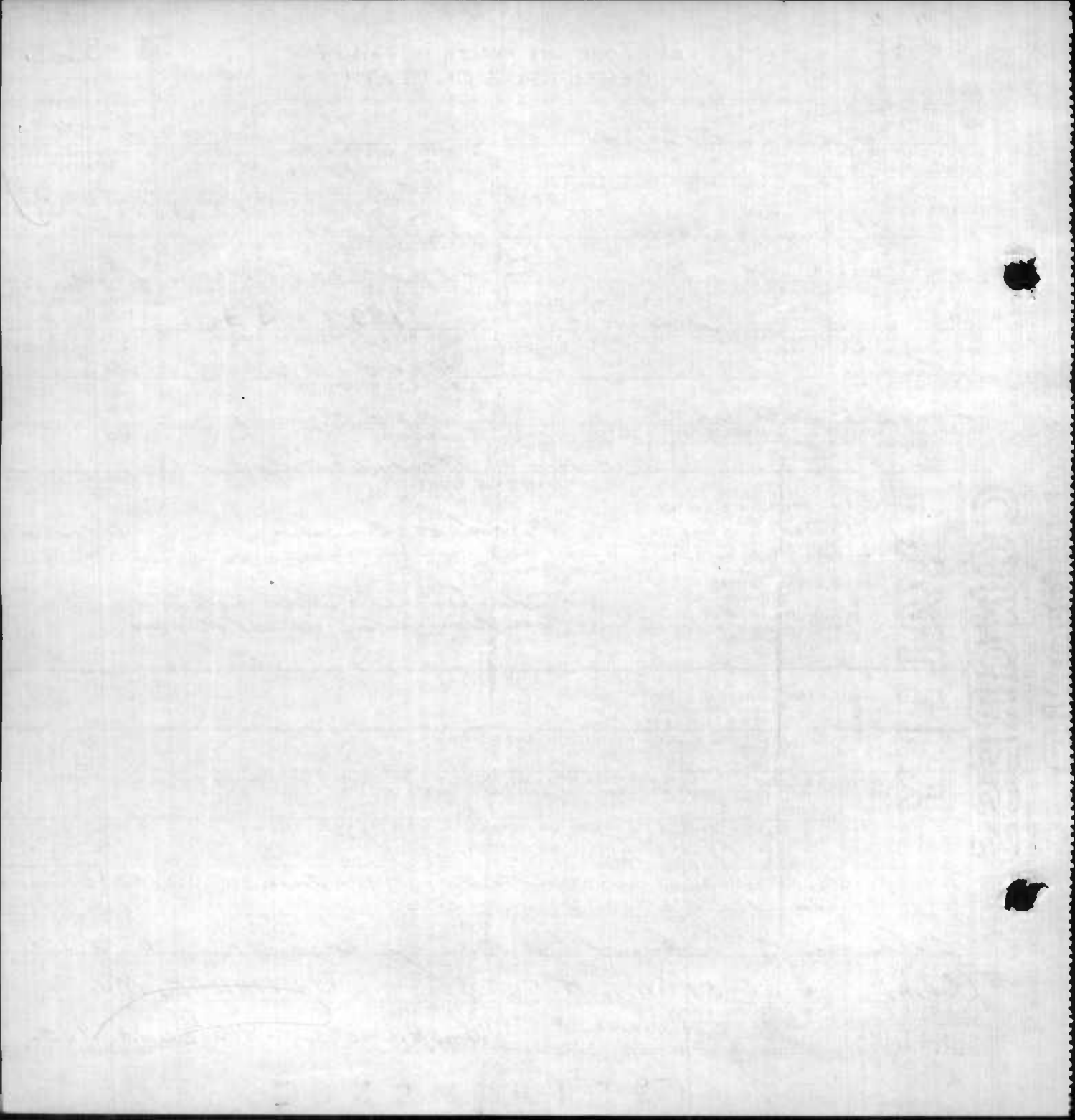
ADDRESS

VS 150

1 9 57 0 9 8 0 0 5 3 2 3

121a

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

N 245
51 5332

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5332

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Patrick McElhone

2. DATE OF DEATH

June 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Ost 6

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md. Baltimore

B. COUNTY

12. CITIZEN OF WHAT COUNTRY?

B. FULL NAME OF HOSPITAL OR INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

8523 Willow Oak Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5-20-67

9. AGE (In years last birthday)

84

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Ireland

13. FATHER'S NAME

Randall McElhone

14. MOTHER'S MAIDEN NAME

Nancy Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory Obstruction

INTERVAL BETWEEN ONSET AND DEATH

15 minutes

DUE TO Aspiration of vomitus

ANTECEDENT CAUSES

(B) Congestive heart failure

2 weeks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO Arterio sclerotic heart disease

5 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Urinary Retention due to prostatic hypertrophy. 2 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-5-1951 to 6-15-1951, that I last saw the deceased alive on 6-15-1951, and that death occurred at 2:25 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William F. McKeever

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

June 15 '51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6/16/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Sepulchre

24D. LOCATION (City, town, or county)

TOTOWA Borough, N.J.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 16 1951

REGISTRAR'S SIGNATURE

Wm. F. McKeever

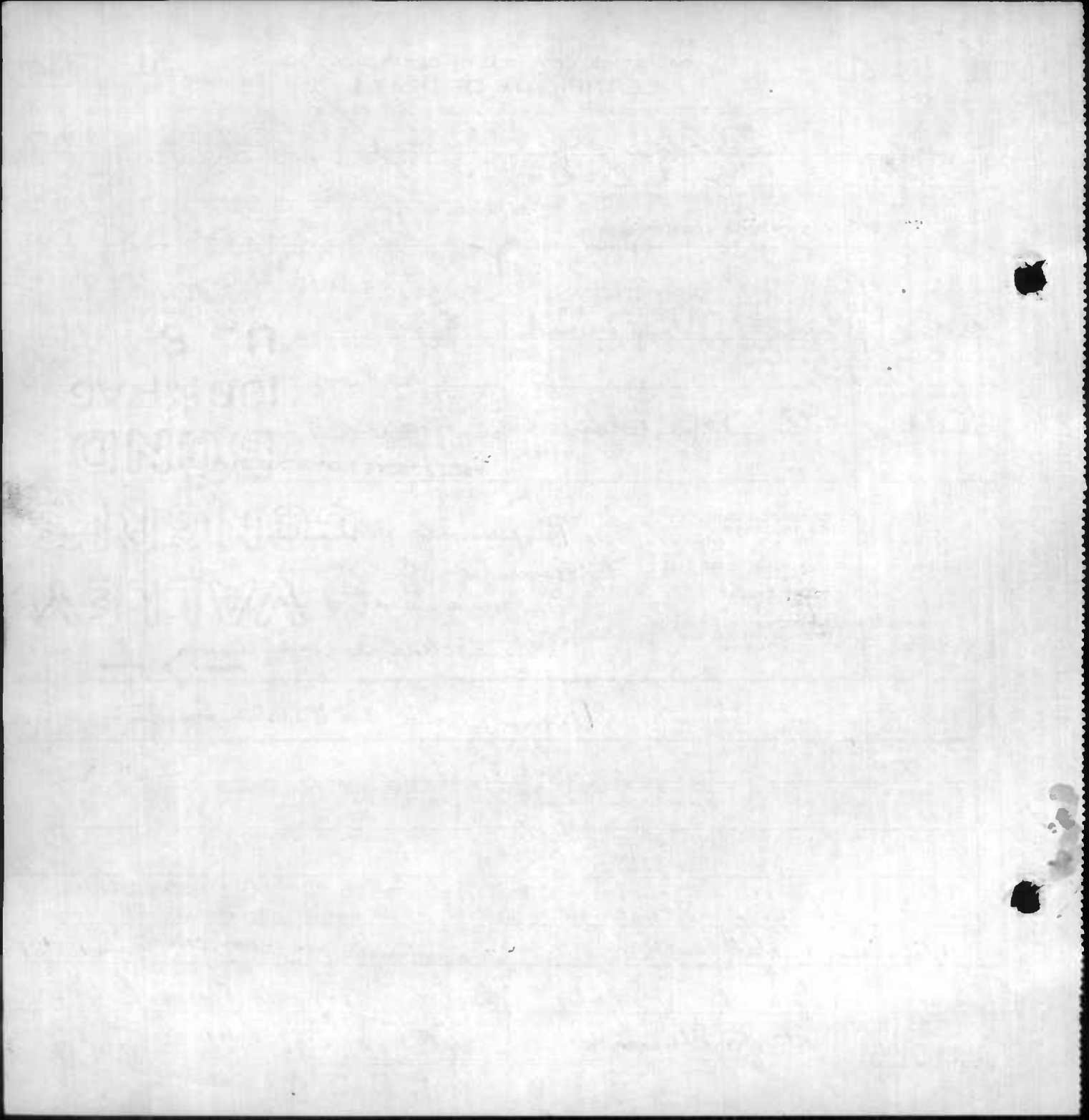
25. FUNERAL DIRECTOR

McCrackin 1217 St Paul St

VS 150

1951 0005324

93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 5333

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Lawrence Hickman2. DATE
OF
DEATH6-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

807 N Broadway

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)M

8. DATE OF BIRTH

July 15, 18729. AGE (In years
last birthday)78If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Referee10B. KIND OF BUSINESS OR
INDUSTRYSelf

11. BIRTHPLACE (State or foreign country)

Baltimore Md12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lawrence Hickman

14. MOTHER'S MAIDEN NAME

Lena Ball15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.No

17. INFORMANT

Margaret Hickman

807 N Broadway

18. 491 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

PneumoniaINTERVAL BETWEEN
ONSET AND DEATH4 wks.

ANTECEDENT CAUSES

(B)

DUE TO

also Arteriosclerotic Ht. DiseaseDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12, 1951 to 6-15, 1951, that I last saw the
deceased alive on 6-15, 1951 and that death occurred at 1230 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Ruth Bleier

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

6-15-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/19/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

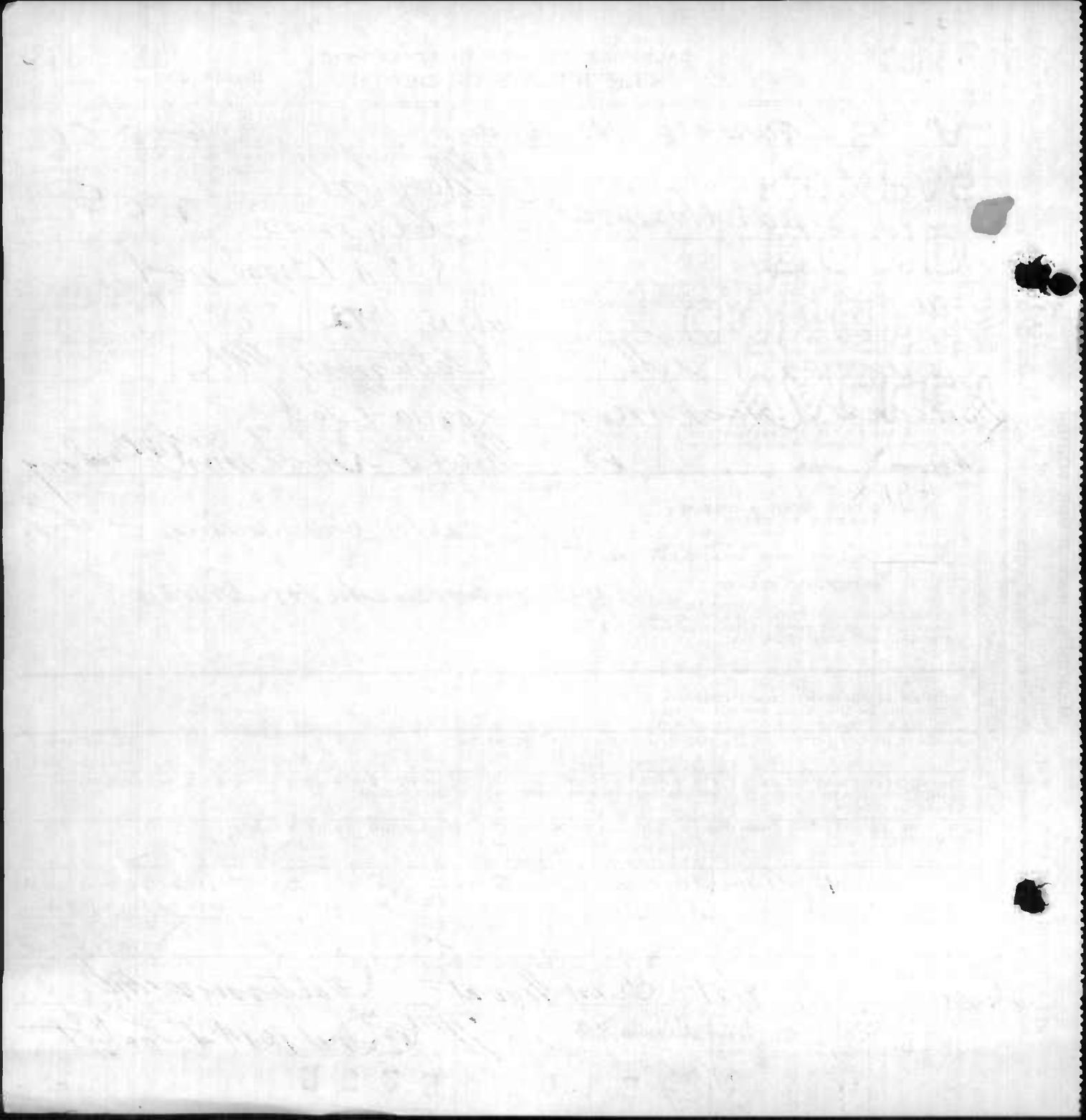
1219 S. Con...

JUN 16 1951

VS 150

19510005325

937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 5335

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILDRED

SAKEMAN

ROBERTS

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (if rural, give location)

101 N. Pine St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9

9. AGE (In years
at birthday)

About 40

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Michigan

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

? Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Arthur Roberts, 101 N. Pine Street

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William H. Roberts

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

23C. DATE SIGNED

June 14, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/16/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 16 1951

William H. Roberts

Wm. Cook, Inc.

1217 St. Paul Street

2 w

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5336

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Amelia Morgan*2. DATE
OF
DEATH*June 12, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

33 THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1827 N. Mount St.

c. Length of stay in Baltimore

64 yrs

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1-13-87

9. AGE (In years last birthday)

64

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James Gray

14. MOTHER'S MARDEN NAME

Mary Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)

No

16. SOCIAL SECURITY NO.

Home

17. INFORMANT ADDRESS

*THE JOHNS HOPKINS HOSPITAL*18. *150X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *CARCINOMA OF ESOPHAGUS*

DUE TO

1 YR.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-27, 1950* to *6-12, 1951*, that I last saw the deceased alive on *6-12, 1951*, and that death occurred at *10:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Joseph Stokes III

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-16-1951

24C. NAME OF CEMETERY OR CREMATORY

Abraham Trem. Park

24D. LOCATION (City, town, or county) (State)

Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 16 1951

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

1631 Laurel Hill Ave.

Amelia Thompson

1851-1852

1853-1854

1855-1856

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51 5337**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NELSON

WATSON

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE **Maryland** B. COUNTY before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Jail

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1211 McCulloh St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-28-1925

9. AGE (In years
last birthday)

25

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fin Boy

10B. KIND OF BUSINESS OR
INDUSTRY

Bowling Alley

11. BIRTHPLACE (State or foreign country)

Mullins S. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nelson Watson

14. MOTHER'S MAIDEN NAME

Lucretia Tinno

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Susan Wicks 668 W. Mulberry St

ADDRESS

18. E974x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Mechanical asphyxiation
Hanging

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Baltimore City Jail

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

801 Buren St.

21D. TIME (Month) (Day) (Year) (Hour)

June 14, 1951 3:30

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Hanged self by belt from nail in cell

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Locks

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
June 14, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

6/16/51

24C. NAME OF CEMETERY OR CREMATORY

Mullins S. C.

24D. LOCATION (City, town, or county)

Mullins S. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 16 1951

REGISTRAR'S SIGNATURE

William V. Locks

25. FUNERAL DIRECTOR

Joseph S. Locks, Jr. 1304 N. Central Ave

ADDRESS

VS 151

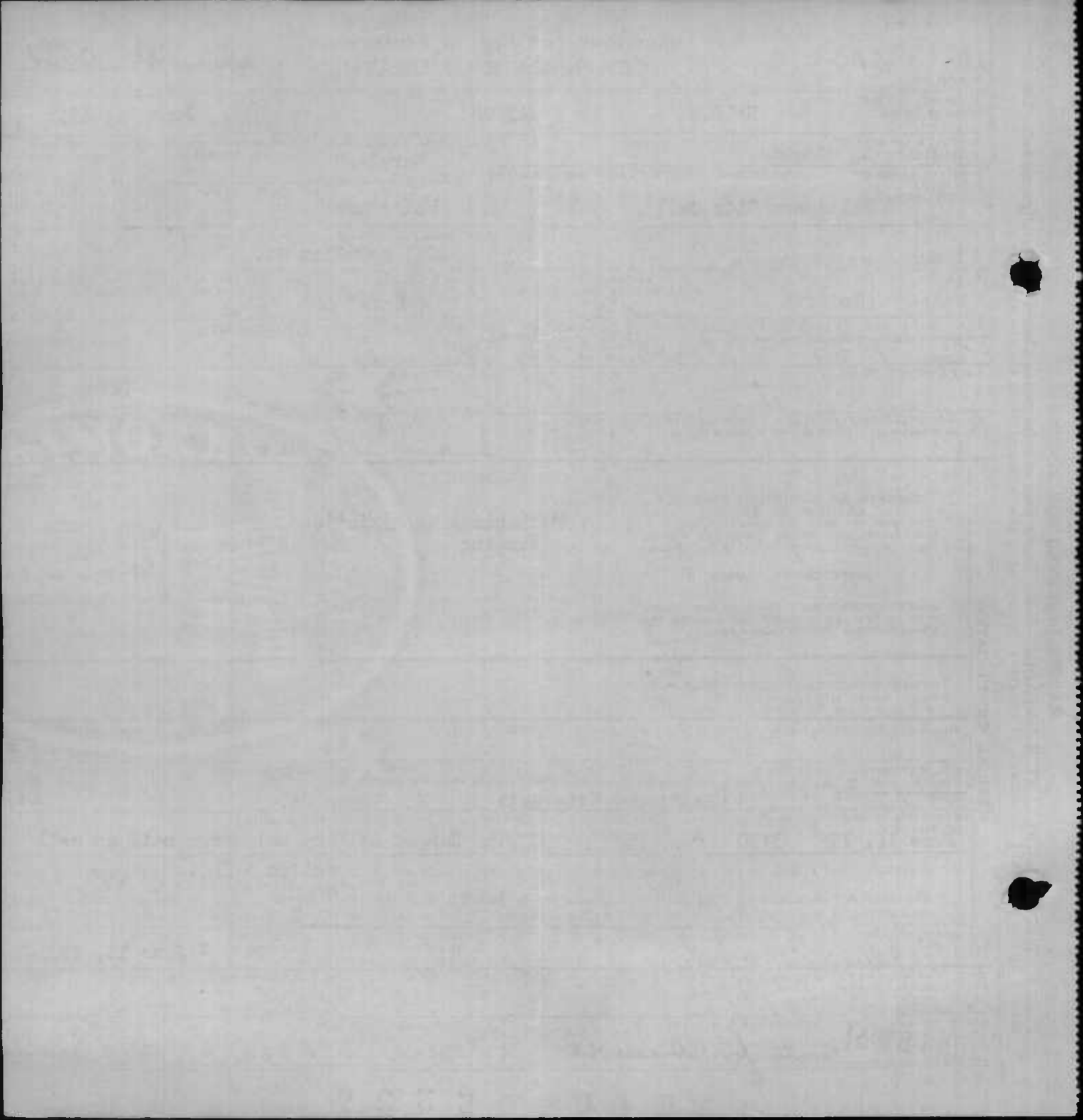
N 991x

5732084

5329

164a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

P-234
51 5338

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 5338

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ERNESTINE FRIEDERICKA PISTEL		2. DATE OF DEATH June 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2503 Harlem Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore 16-05	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2503 Harlem Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 26, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY at Home	9. AGE (In years last birthday) 60
13. FATHER'S NAME William G. H. Diehle		14. MOTHER'S MAIDEN NAME Mary La Bahn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	
11. BIRTHPLACE (State or foreign country) Balt. Md.		12. CITIZEN OF WHAT COUNTRY?	
17. INFORMANT Edna L. Fisher		ADDRESS 2503 Harlem Ave	

18. 422.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO (A) Chronic Myocarditis		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II		
DUE TO (B) II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 13, 1951 , to June 14, 1951 , that I last saw the deceased alive on June 14, 1951 , and that death occurred at 9:45 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE Mrs. T. Sawyer	23B. ADDRESS 1844 W. North Ave	23C. DATE SIGNED June 15, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 18, 1951	24C. NAME OF CEMETERY OR CREMATORY Louisa Park
24D. LOCATION (City, town, or county) (State) Baltimore Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1951		25. FUNERAL DIRECTOR Mrs. John W. Keuffel & Son
REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.		ADDRESS 5311 Edmondson Ave.

VS 150

19510005330

937 Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5339**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY-ELIZABETH MINZLAFF

2. DATE OF DEATH

June 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland **2349 Sidney Ave**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **md**

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write "U.R.T.L." and give township)
Baltimore 25-33

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2349 Sidney Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 26, 1889

9. AGE (In years, last birthday)

61

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Smith

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Gustav E. Minzloff

ADDRESS

2349 Sidney Ave

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1-2 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular disease

DUE TO

2

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/11**, 19**51**, to **6/15**, 19**51**, that I last saw the deceased alive on **6/15**, 19**51**, and that death occurred at **5P.** m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deilel

M. D.

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

6/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 19-1951

24C. NAME OF CEMETERY OR CREMATORY

Pub. Oliver

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 16 1951

REGISTRAR'S SIGNATURE

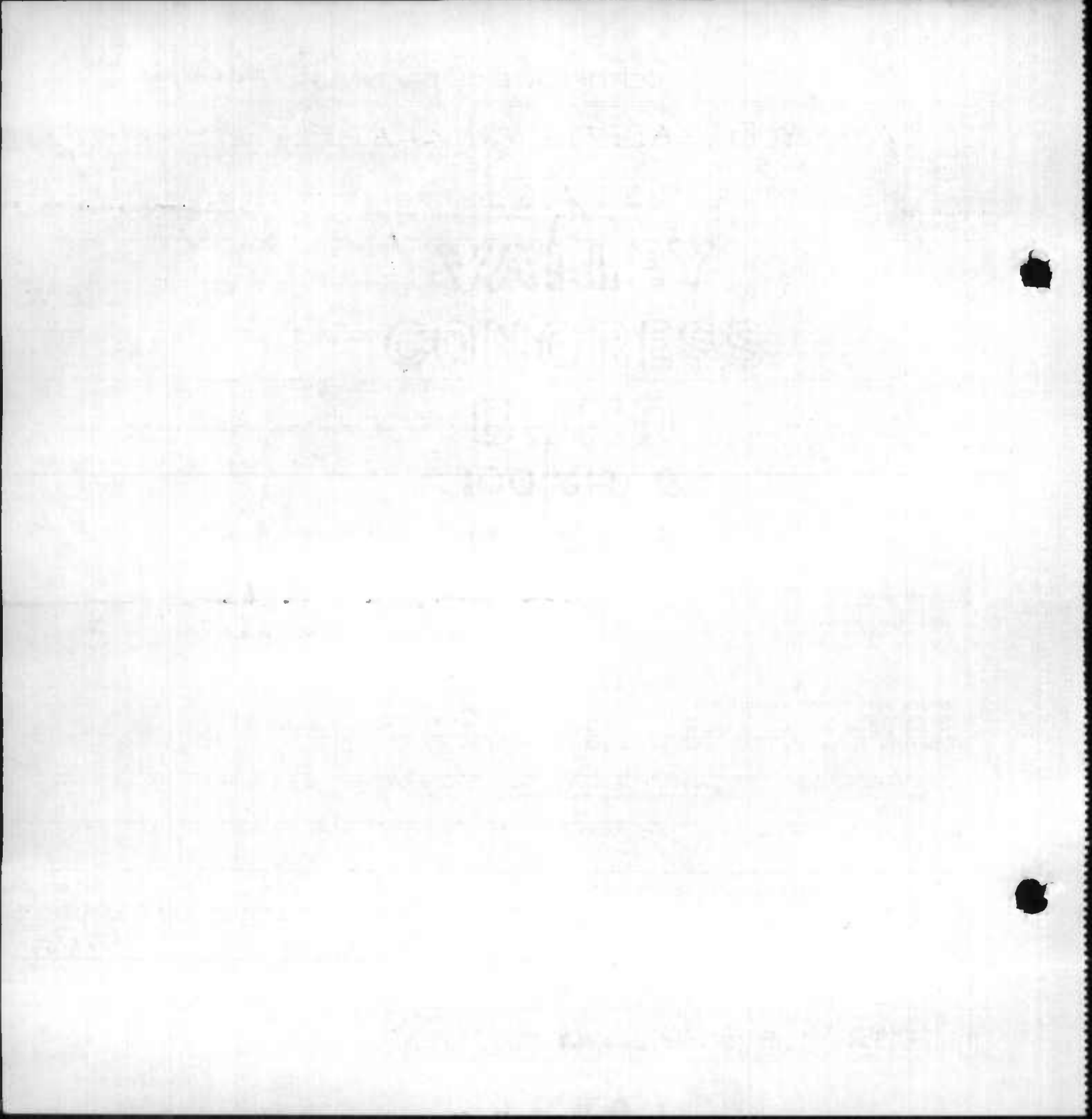
W. H. Williams, Jr.

25. FUNERAL DIRECTOR

Mr. Mrs. John W. Gensel-Son

ADDRESS

5311 Edmondson



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51** **5340**BIRTH NO. **51** **5340**

1. NAME OF DECEASED (Type or Print) <i>John Sullivan</i>			2. DATE OF DEATH <i>June 14, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1300 Valley St.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write P.O. R.R. and give township) <i>Baltimore 10-01</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Nov. 1, 1869</i>	9. AGE (In years, last birthday) <i>82</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pharmacist</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>David Sullivan</i>			14. MOTHER'S MAIDEN NAME <i>Anne Lall</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Little Sisters of the Poor - 1200 Valley St.</i>		

18. <i>420.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Coronary Thrombosis</i>	<i>7 days</i>
ANTECEDENT CAUSES	(B) <i>Arterio Sclerosis</i>	<i>8 yrs</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 7*, 19*51*, to *June 14*, 19*51*, that I last saw the deceased alive on *June 14*, 19*51*, and that death occurred at *2:15 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>E. G. Hall</i>	23B. ADDRESS <i>1631 E. North Ave</i>	23C. DATE SIGNED <i>6/15/51</i>
-------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 18/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>W. Williams</i>	25. FUNERAL DIRECTOR <i>Rita Wriedefeld</i>	ADDRESS <i>900 E. Biddle St</i>

JUN 16 1951

19510005332

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

13/11/1951
13/11/1951

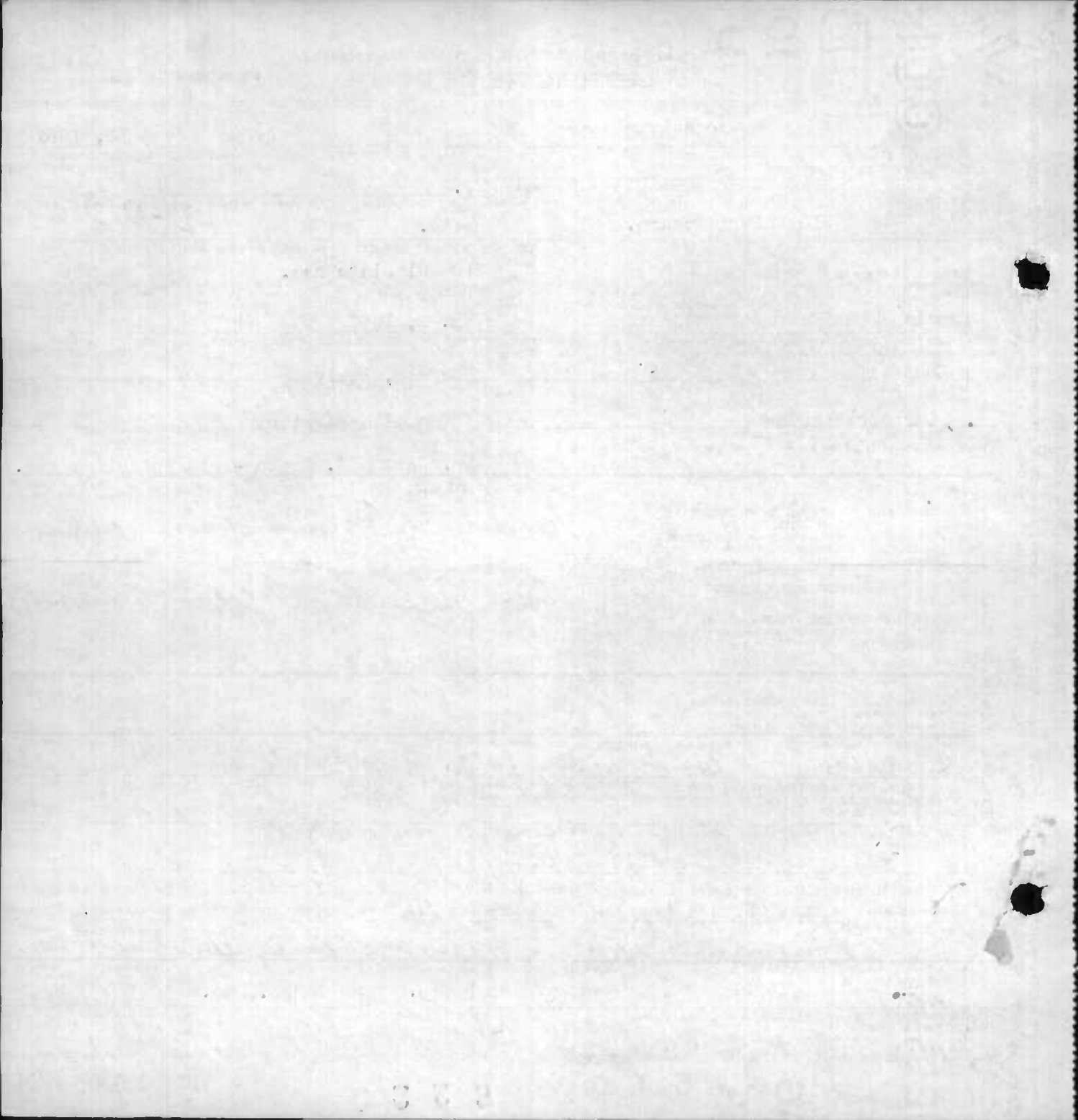
13/11/1951
13/11/1951
13/11/1951

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5341

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOSEPHINE GATTO		June 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
(If not in hospital or institution, give street address or location)			B. COUNTY		
310 Whitridge Ave.			Md.		
c. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs. Mos. Days			Balto.		
			D. STREET ADDRESS (If rural, give location)		
			310 Whitridge Ave.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
female	white	widowed	Feb. 2, 1896	55	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Housewife		at home	Cefalu, Italy		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Lorenzo Vazzana			Rosalie Maggiore		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT		
(If yes, give war or dates of service)			ADDRESS		
			Mr. Joseph S. Gatto - 310 Whitridge Ave.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
153X		(A) Generalized carcinoma -			no spec.
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Ca. Secondary Colon -			8-29-50
		DUE TO			
		(C)			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
8-29-50		Ca. Secondary Colon, 2 metastatic lesions			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 8-29-50, 19, to 6-15-1951, that I last saw the deceased alive on 6-15, 1951, and that death occurred at 6-15-1951 from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. Williams		715 N. Charles St.		6-15-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/18/51		New Cathedral Cem.	
				Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
JUN 16 1951		J. Williams		Jm. J. Lickner & Sons -	
VS 150				ADDRESS	
				46 E Balto Md.	

9510005333



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5342
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katie Braunlein

2. DATE
OF
DEATH

6-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

5605 Tramore Rd.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Sept. 1, 1867

9. AGE (In years last birthday)

83

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Lober

14. MOTHER'S MAIDEN NAME

/Y///Y/ Mary Markoff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

B.C. H. Records, 4940 Eastern Ave.

18. 331X and E903.0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

William B. L... M. D.
CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH

24 hrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of neck femur

2 mos.

19A. DATE OF OPERATION

6-6-51

19B. MAJOR FINDINGS OF OPERATION

Open Reduction of hip fracture

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

Accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

5605 Tramore Rd.

27/6

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 30, 1951

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell in Bed Room

Slipped & fell to floor

22. I hereby certify that I attended the deceased from May 31, 1951 to June 14, 1951 that I last saw the deceased alive on June 14, 1951 and that death occurred at 1.30pm from the causes and on the date stated above.

23A. SIGNATURE

J. S. Cogan M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

6-14-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/10/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 16 1951

REGISTRAR'S SIGNATURE

Wm. J. L...

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. L...

VS 150

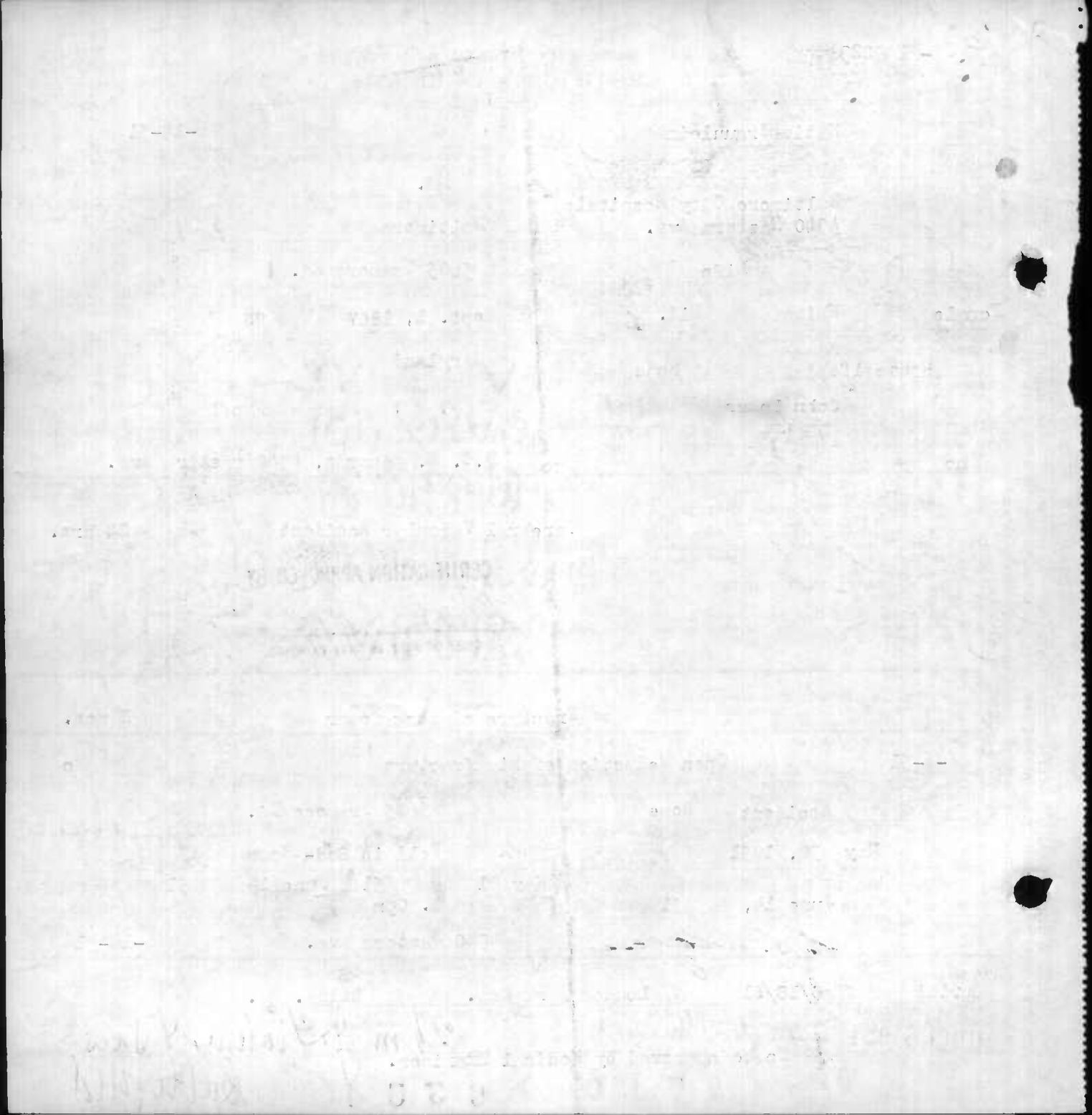
To be approved by Medical Examiner.

1951000533

183a Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 5343 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY J. BASSFORD

2. DATE OF DEATH June 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2904 Guilford Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 21, 1870

9. AGE (in years last birthday)

81

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

sales man

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George W. Bassford

14. MOTHER'S MAIDEN NAME

Alice Mulligan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. S. Winfield Bassford - 3206 Westwood A

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cardiovascular renal disease*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Deferring arthritis*
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

yr +

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1957, to June 16, 1951, that I last saw the deceased alive on June 15, 1951, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Geo. S. Lippert

23B. ADDRESS

426 A. Patterson Park Ave.

23C. DATE SIGNED

6/16/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/18/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Tichner & Sons

25. FUNERAL DIRECTOR

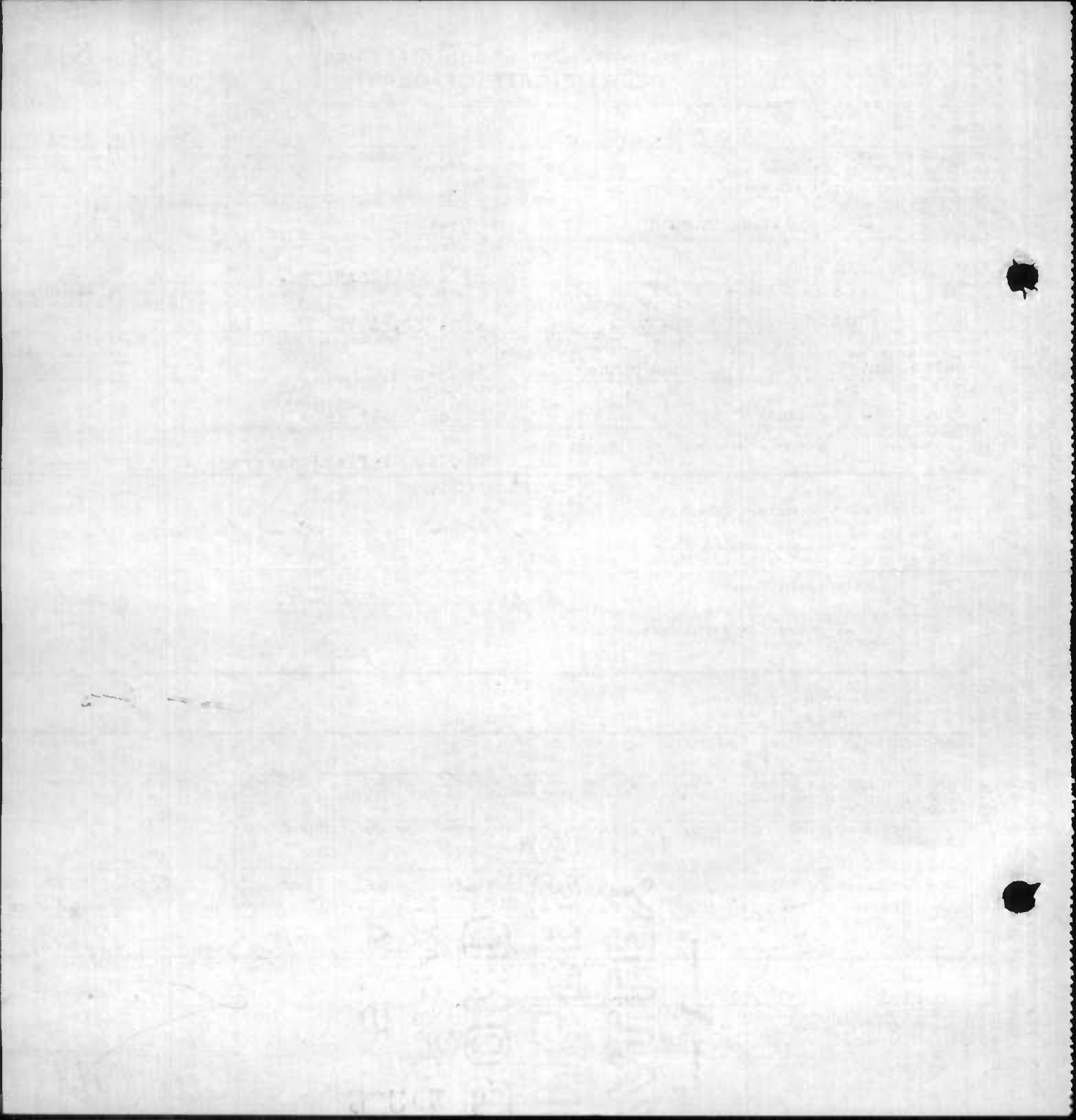
ADDRESS

Wm. J. Tichner & Sons

VS 150

1 2 5 1 0 2 0 5 3 3 5

1310 Balto, Md.



M-240
51 5344BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5344

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Michael</i>		2. DATE OF DEATH <i>June 14, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>636 N. Fulton Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>16-04</i>	
c. Length of stay in Baltimore <i>91 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>636 N. Fulton Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 11, 1853</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		9B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>98</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Allegheny Co Pa</i>
13. FATHER'S NAME <i>Snyder</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
14. MOTHER'S MAIDEN NAME <i>Don't know</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Katherine E Black</i> ADDRESS <i>636 N. Fulton Ave</i>	

18. *450.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *1945*, 19 *57*, to *1951*, that I last saw the deceased alive on *6-9-51*, and that death occurred at *11 P* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

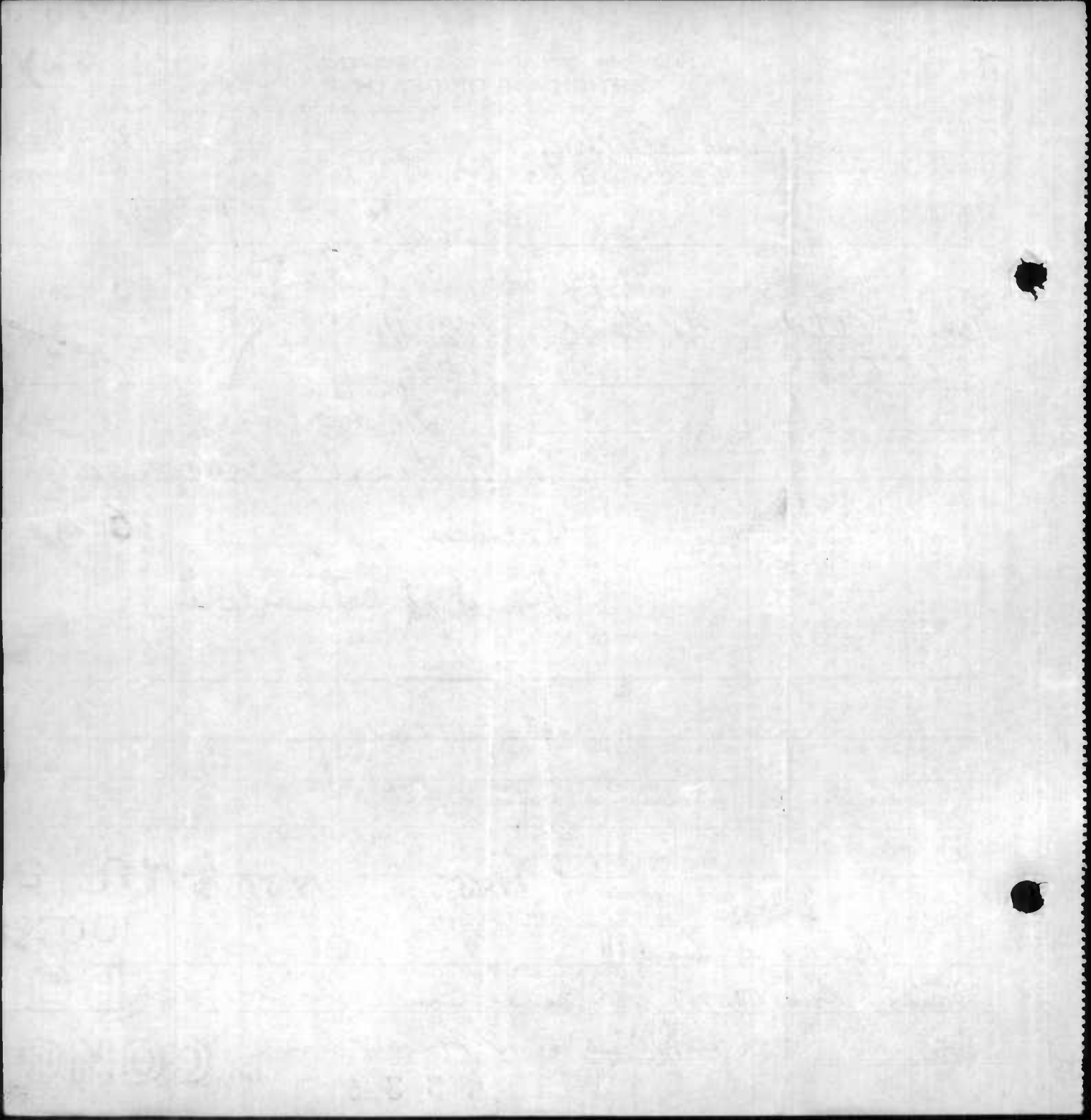
VS 150

97

1503 S. Charles St Balto 39, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

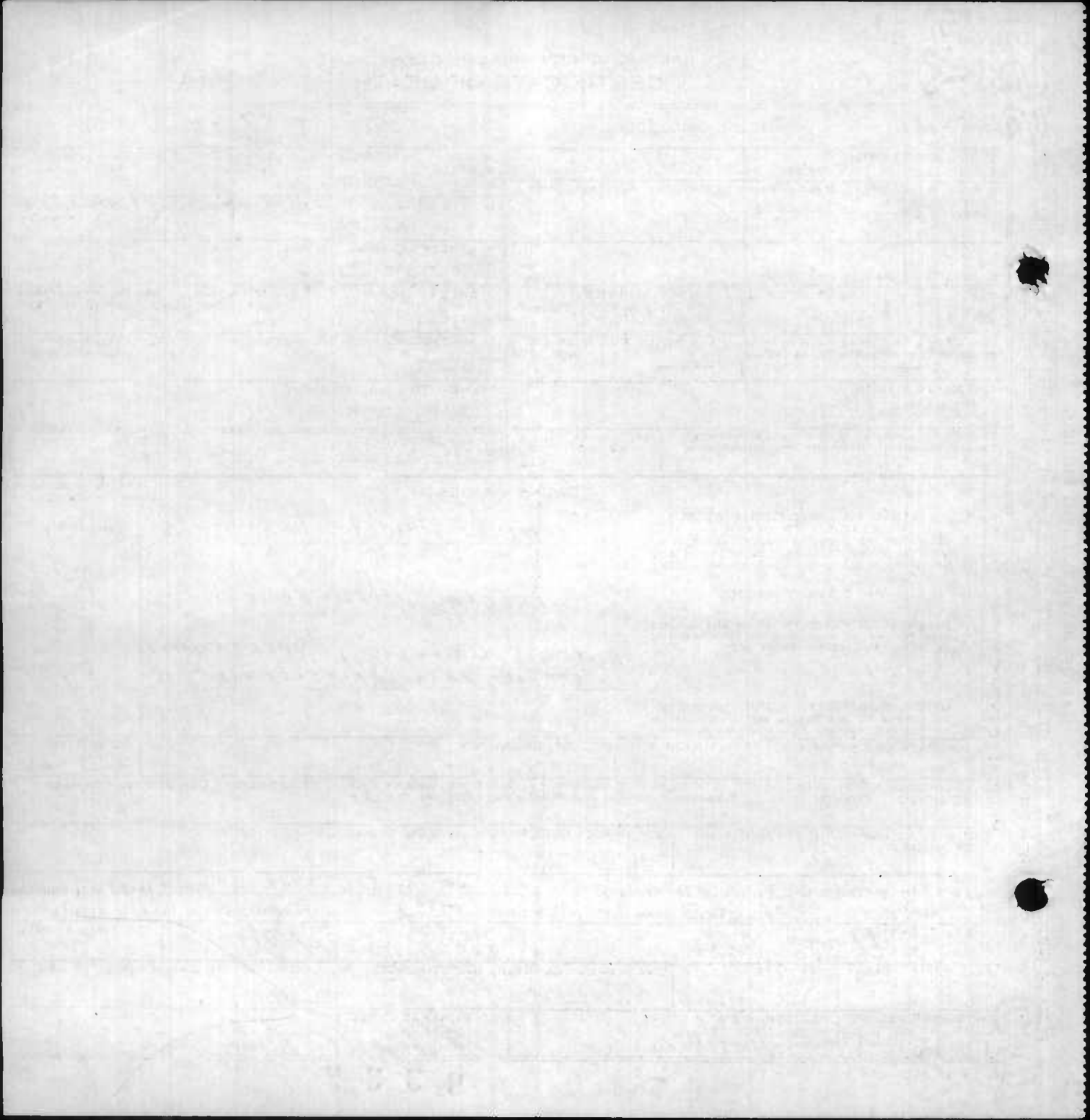
 Registered No. **51 5345**

 BIRTH NO. **51 5345**

1. NAME OF DECEASED (Type or Print) Thomas Ratajczak			2. DATE OF DEATH June 15, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2224 Essex Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) At Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2224 Essex Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 4th 1874 ?	9. AGE (In years, last birthday) 76 ?	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Ratajczak			14. MOTHER'S MAIDEN NAME Ida Nowaczyk		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Tillie Fischer 2201 Gough Street		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) TERMINAL BRONCHO-PNEUMONIA DUE TO (B) CEREBRAL HEMORRHAGE DUE TO (C) ARTERIOSCLEROTIC, HYPERTENSIVE CARDIO-VASCULAR DISEASE	INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 5/30/51 2 YRS.
---	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MAY 30 , 19 51 , to JUNE 15 , 19 51 , that I last saw the deceased alive on 6/15 , 19 51 , and that death occurred at 7:30 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph F. Dranga		23B. ADDRESS 209 S. Chester St		23C. DATE SIGNED 6/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 18, 1951		24C. NAME OF CEMETERY St. Stanislaus	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1951		REGISTRAR'S SIGNATURE William Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS George A. Weber 705 S. Ann St	



N# 652
51 5346BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5346

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PETER NEHRING

2. DATE

OF DEATH June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3204 Ellerslie Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3204 Ellerslie Avenue

c. Length of stay in Baltimore

68 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 29, 1873

9. AGE (in years

last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Harness-maker (Retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Leather

11. BIRTHPLACE (State or foreign country)

Grudziadz, Poland

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew Nehring

14. MOTHER'S MAIDEN NAME

Agnes Cebulski

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Gertrude Pawlak, 3204 Ellerslie Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Coronary Thrombosis

acute

DUE TO

Coronary Heart Disease

(B)

* Arterio-sclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial Infarction

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1951, to June 14, 1951, that I last saw the
deceased alive on June 14, 1951, and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/18/51

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 16 1951

Huntington Williams, M.D.

M. F. Sadowski & Sons, 1808 Eastern Avenue

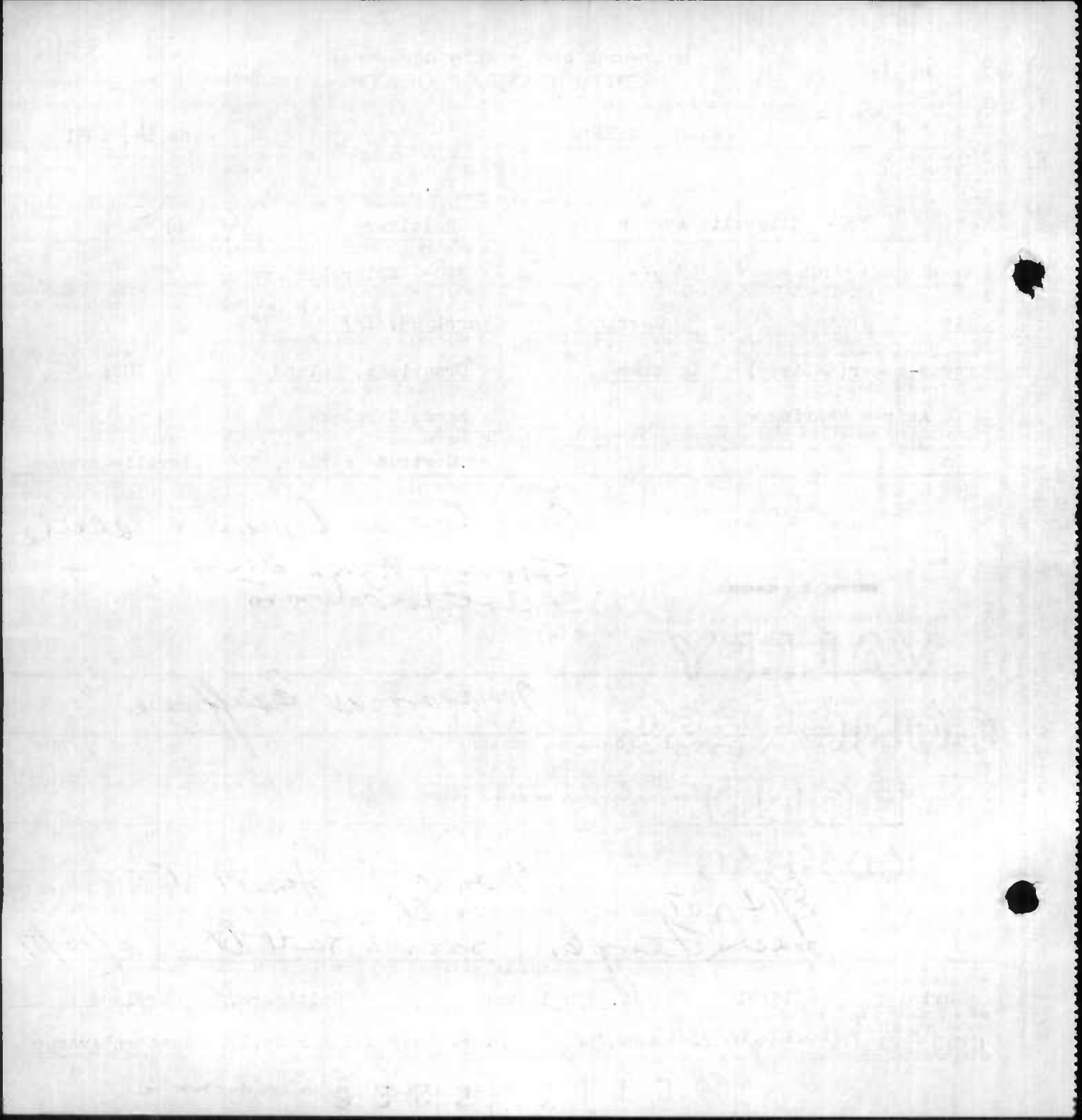
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195100

Charles D. Sadowski 94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.



M-

100 51 5347

51 5347

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Susie Mapp

2. DATE
OF
DEATH

6-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2207 W. Lexington

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

7

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

?

9. AGE (In years)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Mapp

14. MOTHER'S MAIDEN NAME

Jane Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hosp. Records

18. 42010 and E 902.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...

Heart Failure

DUE TO

Arteriosclerotic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

CERTIFICATION APPROVED BY

William White M.D.

CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of hip

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Lexington + Mulberry St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5-19-51

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell to street above slipped on curb

22. I hereby certify that I attended the deceased from 6-1-51, 19, to 6-12-51, 19, that I last saw the deceased alive on 6-12-51, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Fowler F White

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

6-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6/16/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 17 1951

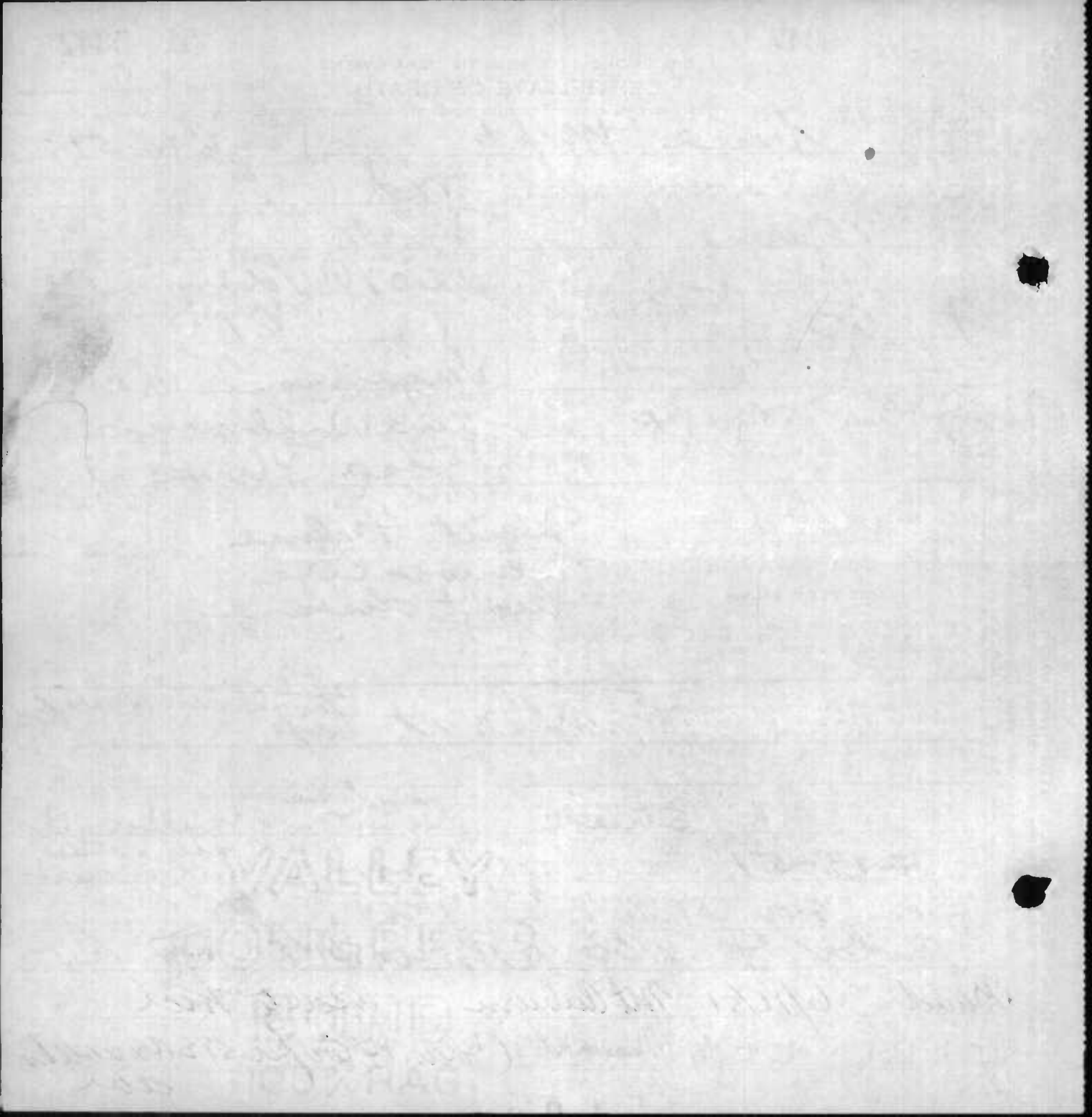
REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Chas. G. Porter 512 Carrollton

ADDRESS



51 5348

51 5348

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isaac J. Braun

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY 13-01

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2406 Eutaw Place.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, Maryland.

c. Length of stay in Baltimore

70 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2406 Eutaw Place.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Jan. 27, 1877

9. AGE (In years last birthday)

74

10. Under 1 Year

Months: Days 5 17

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Broker

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adolph Braun

FURNITURE (R)

14. MOTHER'S MAIDEN NAME

XXXXXXX Schraug

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Rose Braun 2406 Eutaw Place.

18.

199.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

abdominal malignancy - metastatic 3 yrs
primary site undetermined

ANTECEDENT CAUSES

DUE TO

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

none

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

none

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 1949 to 6/14, 1951, that I last saw the deceased alive on 6/13, 1951, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr Maurice Feldman Jr

M. D.

23B. ADDRESS

Charles & Read Sts "Hedatrolle"

23C. DATE SIGNED

6/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 17, 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 17 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

David Southworth

ADDRESS

1902 Eutaw Place

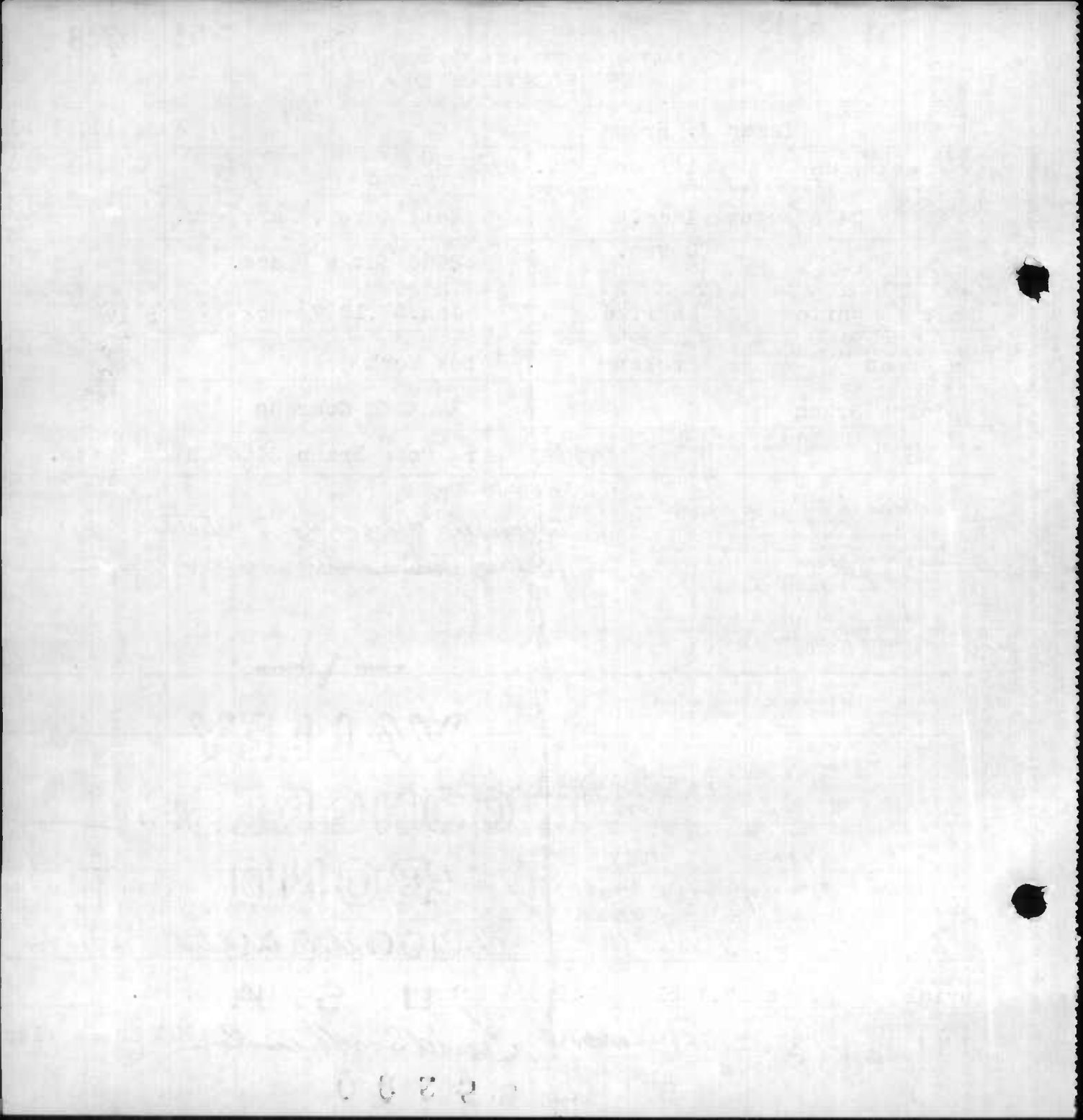
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55E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)Bertha Aronhime2. DATE
OF
DEATH6-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONLutheran Hospital of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

5011 Litchfield Ave.27-18

C. Length of stay in Baltimore

30 yearsYrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)W

8. DATE OF BIRTH

April 22, 18889. AGE (In years
Months; Days)10. Under 1 Year
Months; Days11. Under 24 Hours
Hours; Min.1 2510A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Boston Mass.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Cowan

14. MOTHER'S MAIDEN NAME

Saharh Simmons15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)no16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Aronhime 5011 Litchfield Ave.18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Posterior Myocardial Infarction

DUE TO

1 wk?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cornary thrombosis

DUE TO

1 wk?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Arteriosclerotic heart diseaseyesDiabetes Mellitusyes

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9, 1951, to 6-16, 1951, that I last saw the deceased alive on 6-15, 1951, and that death occurred at 6:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M H Edwards

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

6-16-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

June 28, 1951

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRARJUN 17 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

David Goldstein & Son

ADDRESS

1902 Eutaw Place

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 1, 1901.

REPORT
OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900.

ALBANY:

JOHN B. LANE, PRINTING OFFICE,

1901.

THE STATE OF NEW YORK.

OFFICE OF THE ATTORNEY GENERAL.

IN SENATE,

January 1, 1901.

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900.

ALBANY:

JOHN B. LANE, PRINTING OFFICE,

1901.

Twin " B "

51 5350

BALTIMORE CITY HEALTH DEPARTMENT

51 5350

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-12362			2. DATE OF DEATH June 5, 1951		
1. NAME OF DECEASED (Type or Print) Charles William Springer, Jr.					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2612 Wycliffe Road # 14 5300		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH June 3, 1951	9. AGE (In years last birthday) 11 Under 1 Year Months: Days	11 Under 24 Hours Hours: Min. 42hrs
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles William Springer			14. MOTHER'S MAIDEN NAME Mary Louise Cassel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Patients Chart. ADDRESS Sinai Hospital		
18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) PREMATUREITY DUE TO (B) ATELECTASIS DUE TO (C) 42 hours			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-3-1951 to 6-5-1951, that I last saw the deceased alive on 6-5-1951, and that death occurred at 3:35 Am., from the causes and on the date stated above.					
23A. SIGNATURE Judith B. Landau M. D.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 6-6-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL JUN 7 1951	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR Commissioner of Health		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

2-1-3-4

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51 5351

51 5351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

51-12226

1. NAME OF DECEASED
(Type or Print)

Baby Girl Smith

2. DATE
OF
DEATH

6/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-02

D. STREET ADDRESS (If rural, give location)

2024 Rupp St.

5. SEX

F

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/29/51

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

University Hospital.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry Smith

14. MOTHER'S MARRIAGE NAME

Evelyn Ray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Evelyn Smith.

18. 76210

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *a + leukemia*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)
DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from 5/29, 1951, to 6/1/51, 1951; that I last saw the deceased alive on 6/1, 1951, and that death occurred at 6:38 am., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Herman

23B. ADDRESS

University Hospital.

23C. DATE SIGNED

6/2

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL JUN 5 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

RECEIVED BY THE SECRETARY OF THE

DEPARTMENT OF COMMERCE

APR 17 1917

U. S. DEPARTMENT OF COMMERCE

WASHINGTON, D. C.

1917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 751x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 1st, 1951, to May 22, 1951, that I last saw the
deceased alive on 5/22/51, and that death occurred at 4:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 17 1951

Commissioner of Health

157B

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Handwritten text in the upper right section.

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Twin "A"

BALTIMORE CITY HEALTH DEPARTMENT

51 5353

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dennis Ross Springer

2. DATE
OF
DEATH June 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY Baltimore before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

2612 Wycliffe Road. # 14

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

June 3, 1951

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours Min.

44

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles William Springer

14. MOTHER'S MAIDEN NAME

Mary Louise Cassel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Patients ChartADDRESS
Sinai Hospital

18.

762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PREMATURITY

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ATELECTASIS

DUE TO

(C)

44 hours

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-5, 1951, to 6-5, 1951, that I last saw the
deceased alive on 6-5, 1951, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Judith B. Laufer

M. O.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

6-6-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 7 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

VS 150

159

2-12-36

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SHIRLEY ANN GABRELL

2. DATE
OF
DEATH

June 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-05

D. STREET ADDRESS (If rural, give location)

332 E. Federal St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (in years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

1 week

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

OW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

V

16. SOCIAL SECURITY NO.

N

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)
DUE TO

Pulmonary atelectasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dumlacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED June 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

JUN 11 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

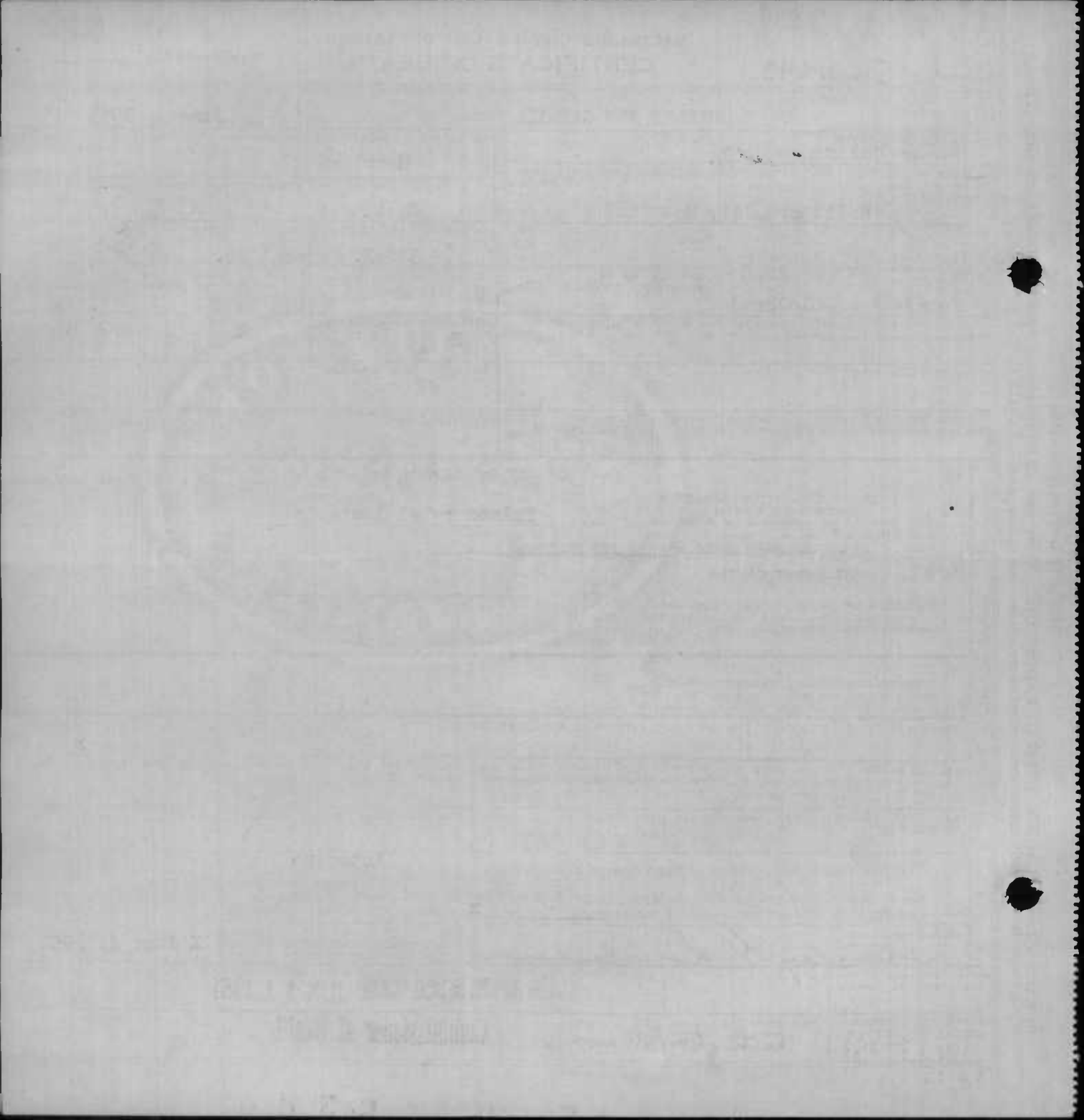
25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

VS 151

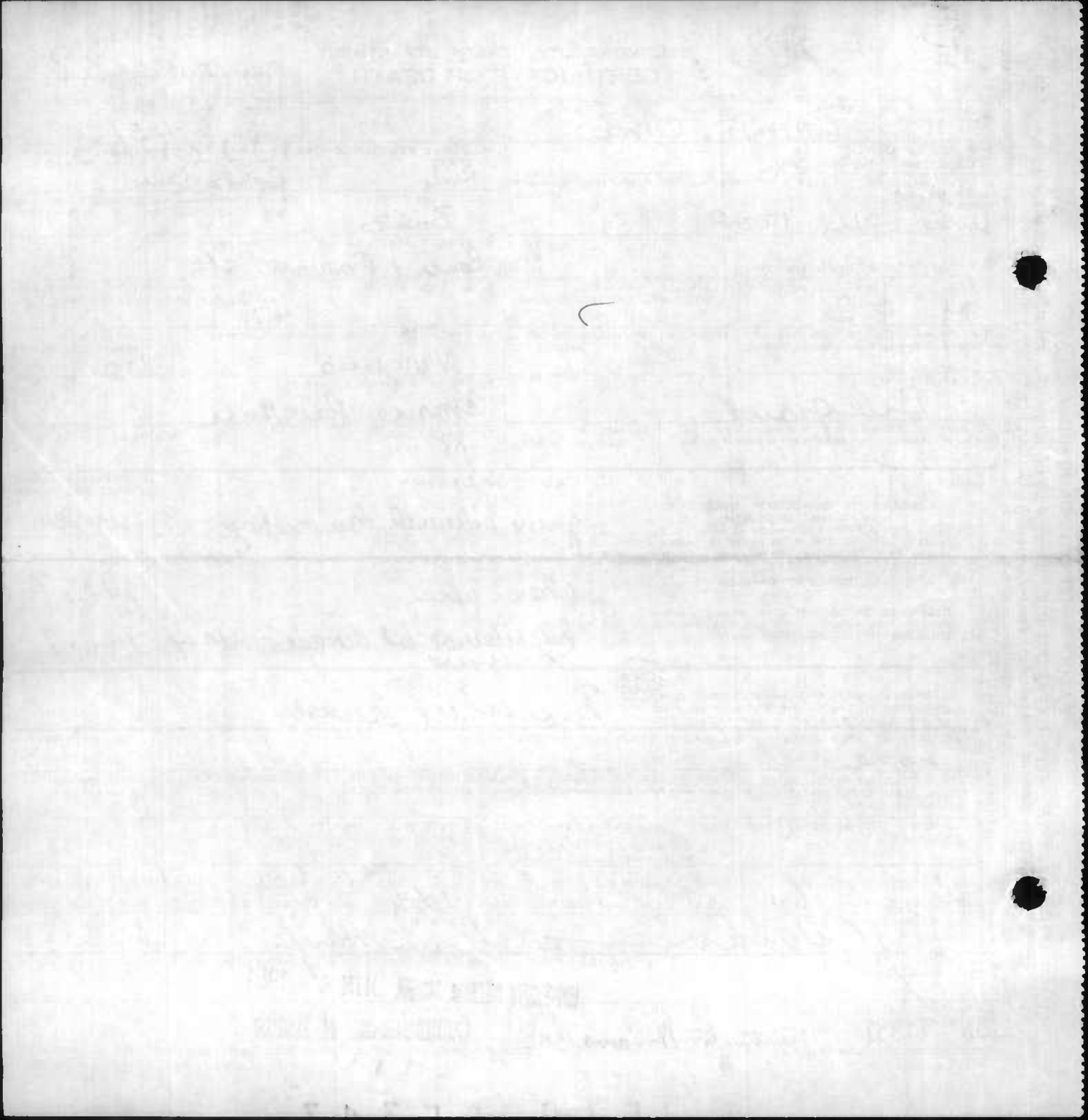
161a ✓



653 51 5355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5355
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>GRANT, Orha</i>			2. DATE OF DEATH <i>6-1-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore City</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. of Md Hosp</i>			C. CITY OR TOWN <i>Baltimore</i>			D. STREET ADDRESS (If rural, give location) <i>Eager & Forrest sts</i>		
c. Length of stay in Baltimore			Yrs. Mos. Days					
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>47</i>		9. AGE (in years, last birthday) <i>47</i>		10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>
13. FATHER'S NAME <i>Bill Grant</i>			14. MOTHER'S MAIDEN NAME <i>Annie Bricker</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>pl.</i>			ADDRESS		
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
			(A) <i>gastrointestinal hemorrhage</i>			<i>24 hrs</i>		
ANTECEDENT CAUSES			(B) <i>stress ulcer</i>			<i>24 hrs?</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) <i>hypertensive ht. disease & delay in treatment</i>			<i>10 yrs?</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			<i>myocardial failure</i>					
19A. DATE OF OPERATION <i>none</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>5-20</i> , 1951, to <i>6-1</i> , 1951, that I last saw the deceased alive on <i>6-1</i> , 1951, and that death occurred at <i>12:30 p.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>[Signature]</i>			23B. ADDRESS <i>Univ Hosp</i>			23C. DATE SIGNED <i>6-5-51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
24D. LOCATION (City, town, or county)			24E. (State)			24F. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 7 1951</i>		
24G. REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>			24H. FUNERAL DIRECTOR <i>Commissioner of Health</i>			24I. ADDRESS		



51 5356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

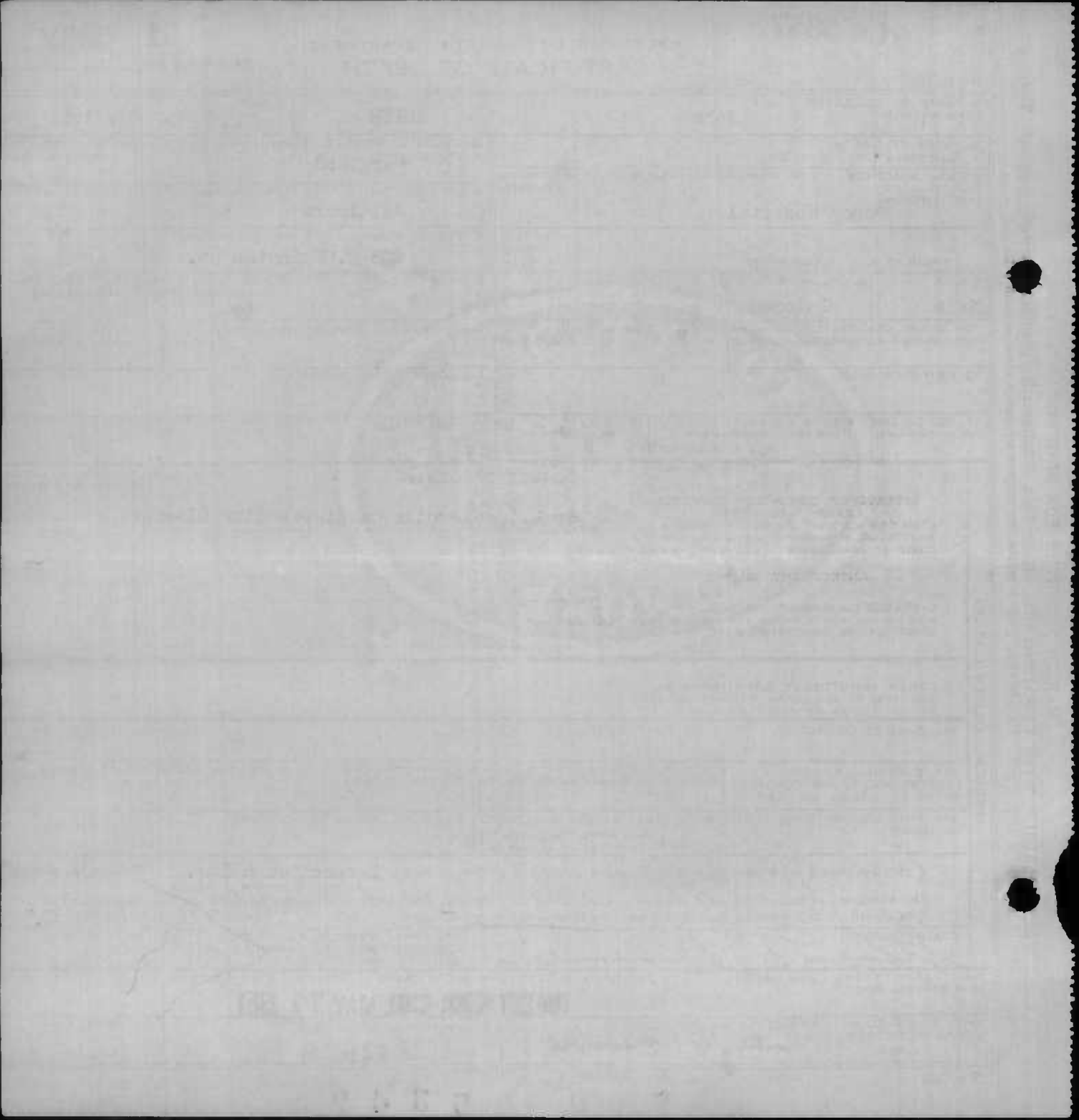
51 5356

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CORA COLEMAN		2. DATE OF DEATH May 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 17-01		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		D. STREET ADDRESS (If rural, give location) 616 Bradley Street		c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH U	9. AGE (in years last birthday) 40	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) K	
13. FATHER'S NAME K N		14. MOTHER'S MAIDEN NAME O		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. W		17. INFORMANT'S ADDRESS N	
18. 292.6 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Sickle cell anemia XXXX ANTECEDENT CAUSES (B) Fatty liver DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Lovett</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED May 24, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1951		REGISTRAR'S SIGNATURE <i>William V. Lovett</i>		25. FUNERAL DIRECTOR Commissioner of Health	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		(State)	

UNIVERSITY MEDICAL SCHOOL MAY 31 1951





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5358
Registered No. 51 5358

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PHILLIP

SMITH

2. DATE
OF
DEATH

May 31, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution? Residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

22-02

D. STREET ADDRESS (If rural, give location)

204 S. Paca St.

c. Length of stay in Baltimore

5. SEX

Male

White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

38

If Under 1 Year Months: Days

If Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

N

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTO-PSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

MEDICAL INVESTIGATOR

23C. DATE SIGNED

June 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL

JUN 11 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

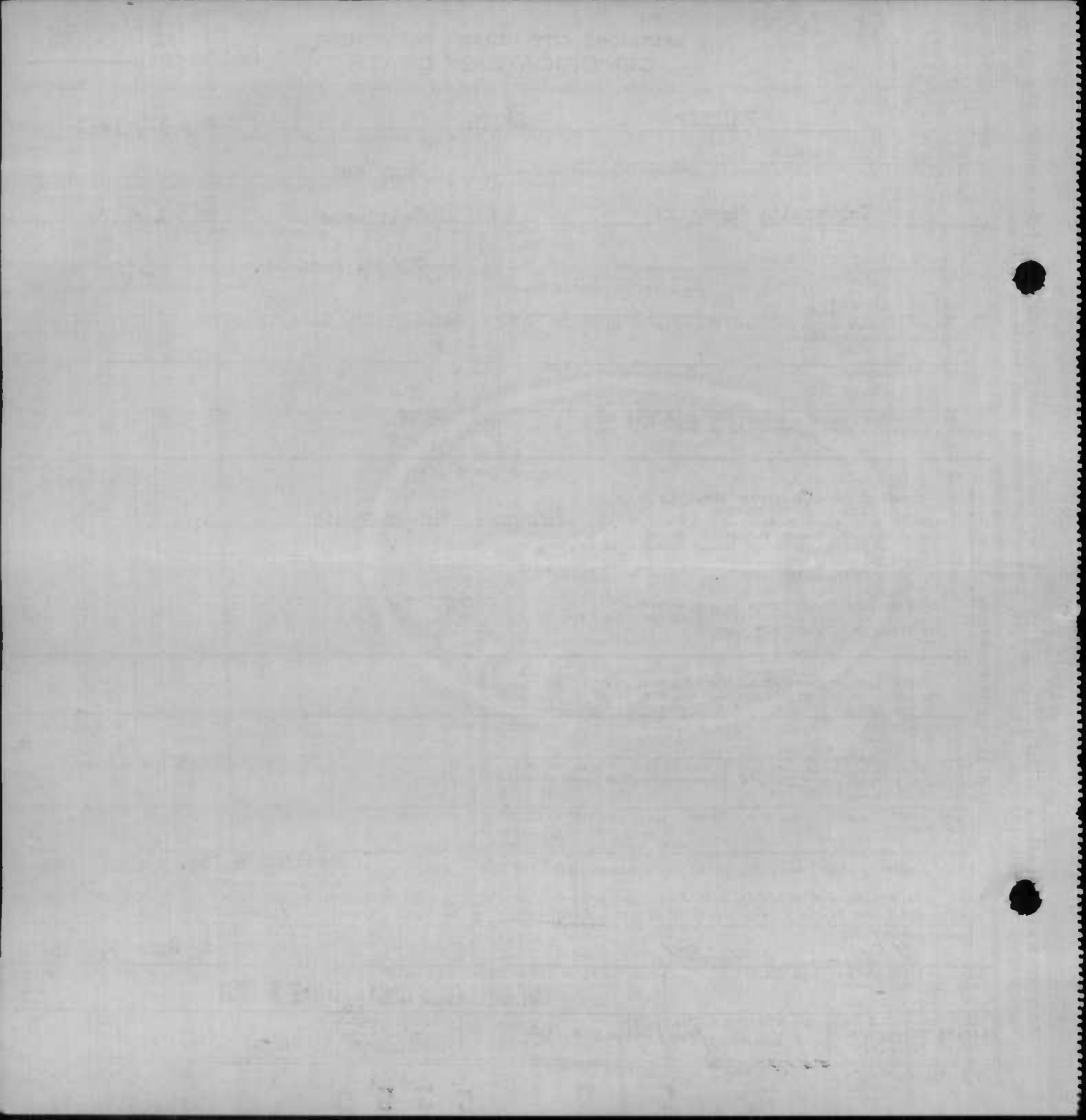
Commissioner of Health

ADDRESS

VS 151

12510005350

12B ✓



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		51 5359	
1. NAME OF DECEASED (Type or Print) <i>Lewis Davis</i>		2. DATE OF DEATH <i>June 2, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>728 Bradley Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-03</i>	
D. STREET ADDRESS (If rural, give location) <i>728 Bradley Street</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>U</i>	8. DATE OF BIRTH <i>U</i>
9. AGE (In years last birthday) <i>59</i>		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>K</i>	
11. BIRTHPLACE (State or foreign country) <i>K</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>N</i>		14. MOTHER'S MAIDEN NAME <i>O</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>N</i>	
17. INFORMANT <i>N</i>		ADDRESS	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive Cardiovascular</i> DUE TO <i>Disease</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

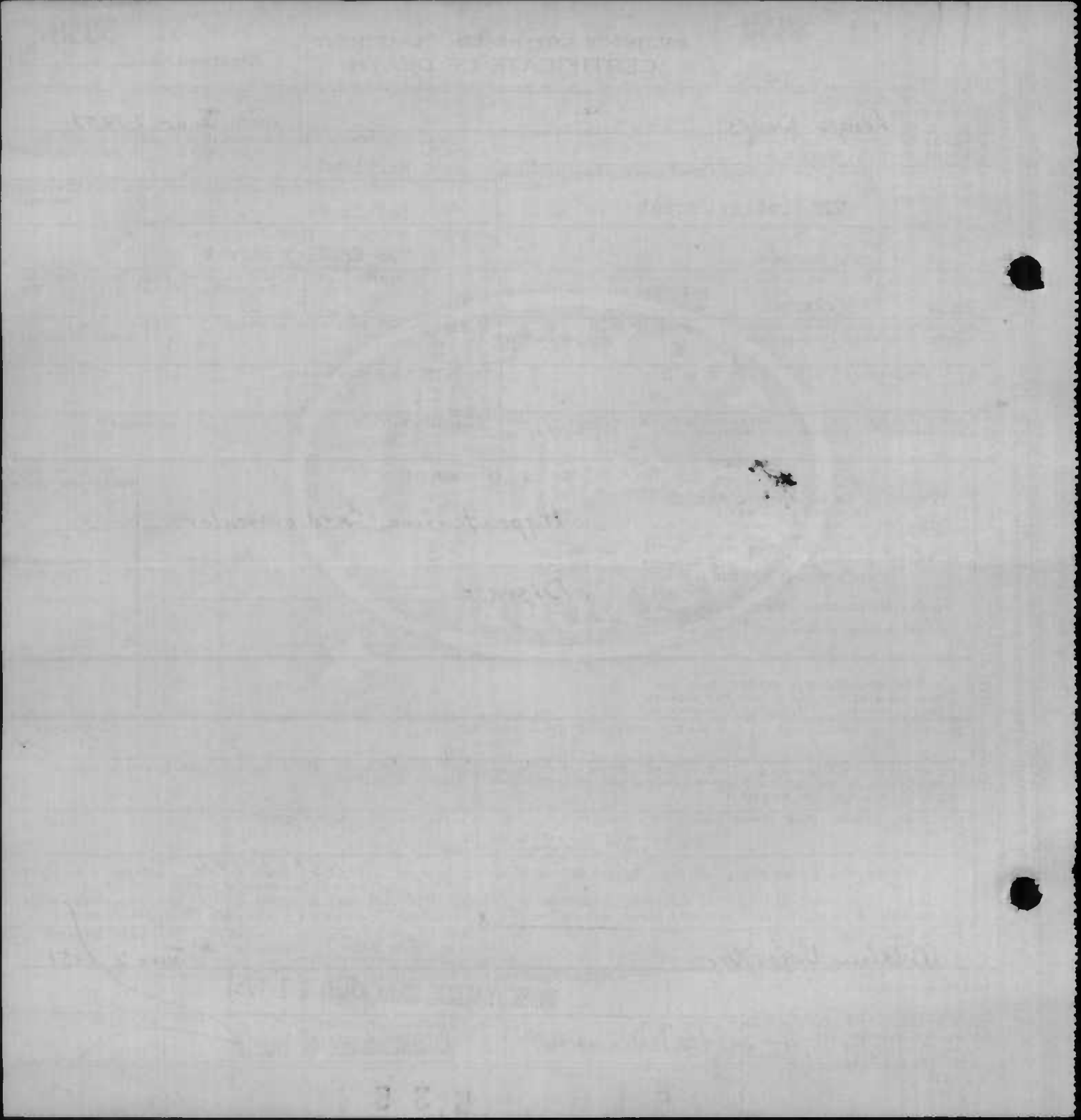
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>INSPECTION</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <i>June 2, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>UNIVERSITY MEDICAL SCHOOL</i>	
24D. LOCATION (City, town, or county)		24E. DATE <i>JUN 11 1951</i>		(State)	

DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 17 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Commissioner of Health</i>	
ADDRESS					

VS 151

1951 0005351

937



51 5360

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5360
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PHILLIP H. SCHWEGLER

2. DATE
OF
DEATH May 28, 19513. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

2-03

D. STREET ADDRESS (If rural, give location)

1610 Shakespeare Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

N

11. BIRTHPLACE (State or foreign country)

N

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

W

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

N

17. INFORMANT

ADDRESS

18. 422.1-27

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Williams

23B. CHIEF MEDICAL EXAMINER..... ☐ASSISTANT MEDICAL EXAMINER..... ☒MEDICAL INVESTIGATOR..... ☐

23C. DATE SIGNED

May 31, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL

JUN 11 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

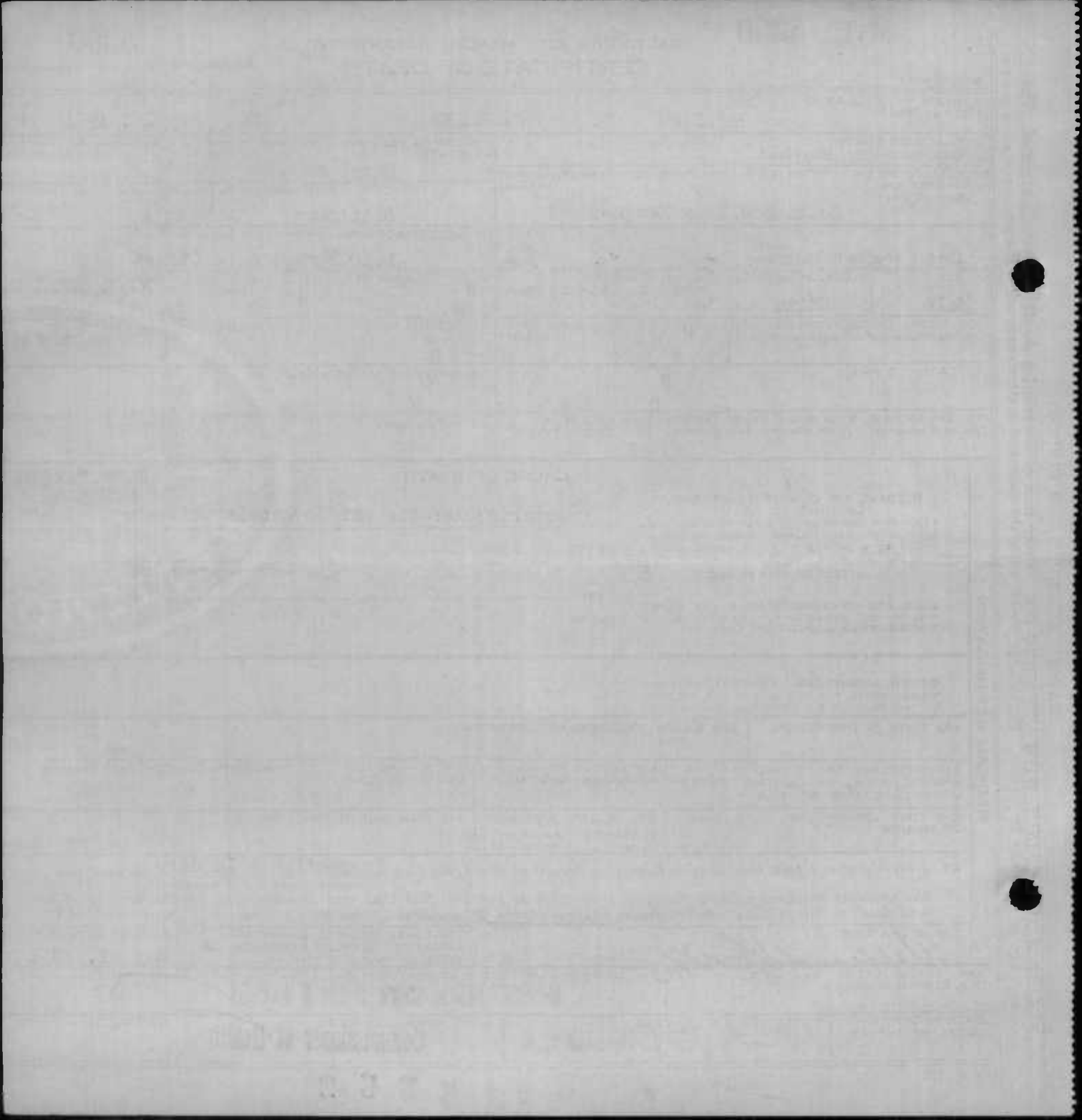
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51 5360

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 5361

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5361

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Rev. Francis W. Kunkel			2. DATE OF DEATH June 15, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 27-13		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) St. Mary's Seminary Roland Pk.		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single.	8. DATE OF BIRTH July 9, 1870	9. AGE (In years last birthday) 80	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roman Catholic		10B. KIND OF BUSINESS OR INDUSTRY Priest.	11. BIRTHPLACE (State or foreign country) Maryland.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Kunkel			14. MOTHER'S MAIDEN NAME Mary. Rosina Kerchner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Rev. Raymond Meyer, S.S. Roland Park		
18. 163X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CARCINOMA LUNG. DUE TO (B) CONGESTIVE HEART FAILURE DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/2 , 19 51 to 6/15 , 19 51 , that I last saw the deceased alive on 6/15 , 19 51 , and that death occurred at 10:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE John W. Shaw M. D.		23B. ADDRESS St. Agnes		23C. DATE SIGNED 6/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/19/51		24C. NAME OF CEMETERY OR CREMATORY St. Charles' College	
24D. LOCATION (City, town, or county) (State) Catonsville, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1951		24F. REGISTRAR'S SIGNATURE Wm. H. Williams	
24G. FUNERAL DIRECTOR W. W. Meares		24H. ADDRESS 505 N. Calver St.		24I. VS 150	

19510005353

477

5300 SL

51 5362

51 5362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mox, Joseph

2. DATE
OF
DEATH

June 16 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

46

Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

5. SEX

6. COLOR OR RACE

7. SINGLE. MARRIED.
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 410X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1951, to June 16, 1951, that I last saw the
deceased alive on June 16, 1951, and that death occurred at 5:05 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

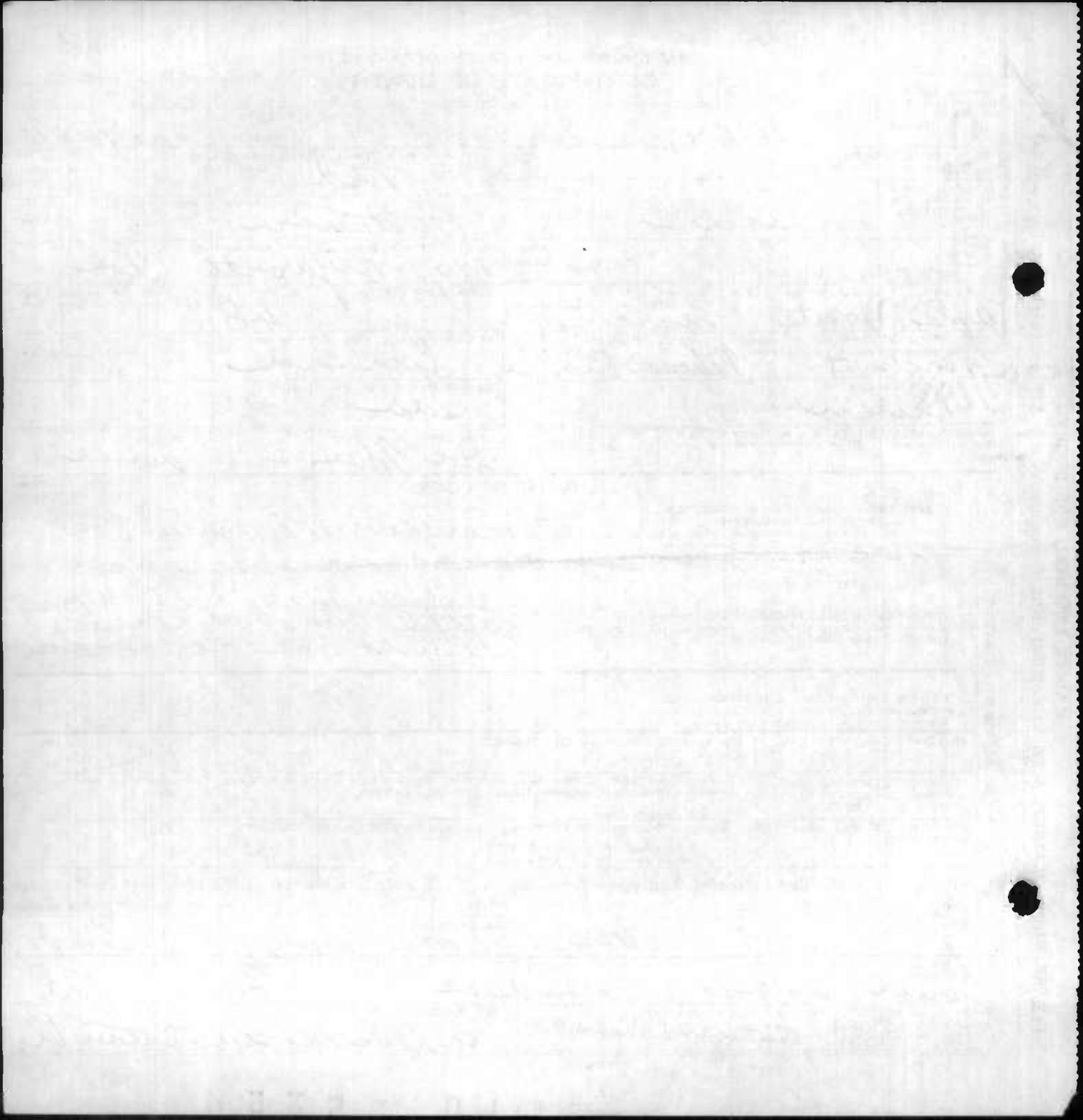
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2906E 10005354

92B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ROSE LEVIN

2. DATE
OF
DEATH

June 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinqi Hospr

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

13-01

D. STREET ADDRESS (If rural, give location)

940 BROOKS LANE

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

58

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

SQUUEL

14. MOTHER'S MAIDEN NAME

BESSIE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HARRY O. LEVIN - 940 BROOKS LANE

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diffuse intra-abdominal carcinomatous

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ovarian malignancy

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1951, to June 15, 1951, that I last saw the deceased alive on June 15, 1951, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Lynne H. Rubin

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

June 15, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

6/17/1951

24C. NAME OF CEMETERY OR CREMATORY

HEBREW FRIENDSHIP

24D. LOCATION (City, town, or county)

BALTO

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

JUN 17 1951

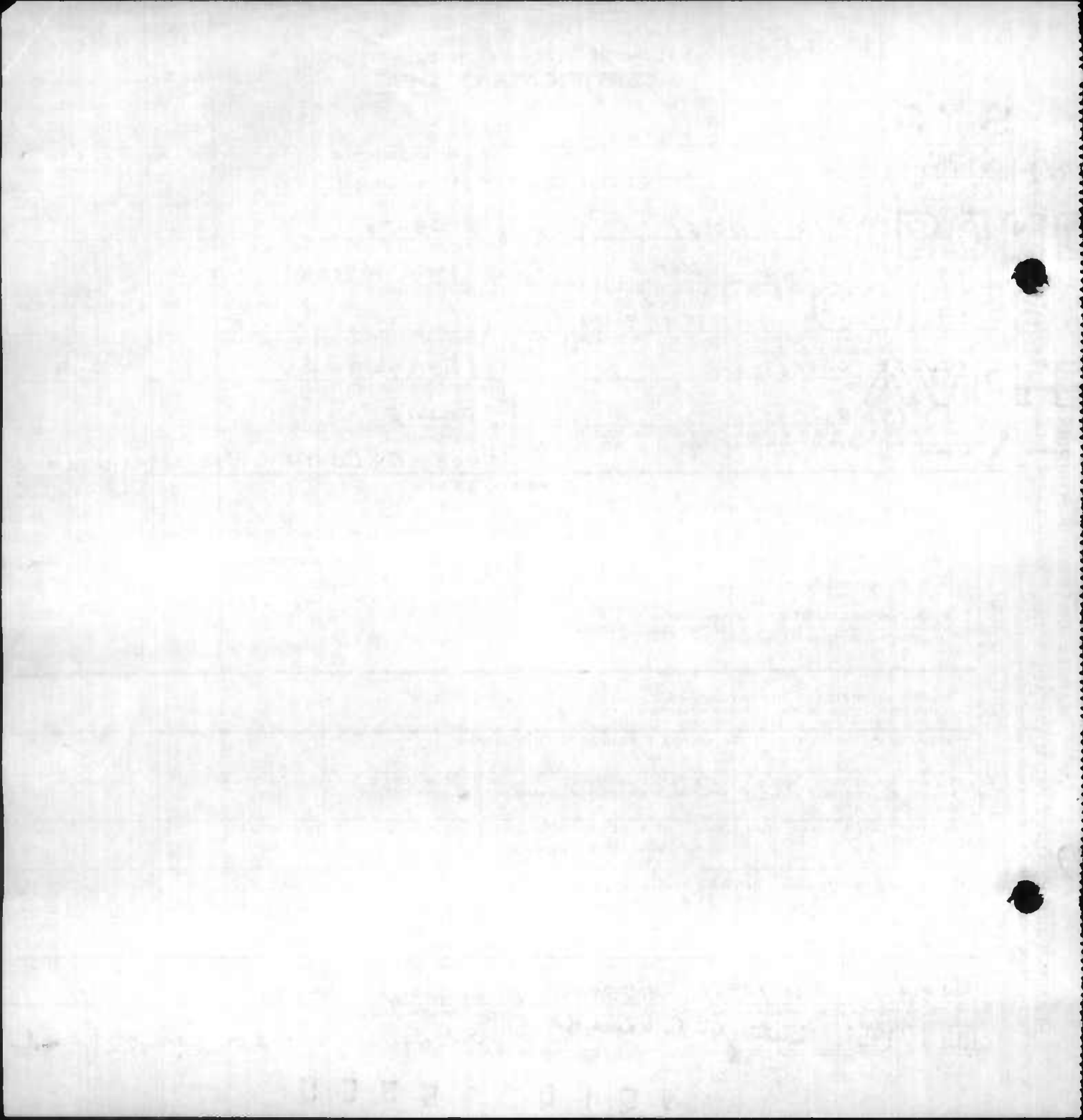
REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc - 5100 Eutaw Place



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ellen Frances Judge

2. DATE
OF
DEATH

June 16 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

5637 Ready ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. 27-48

c. Length of stay in Baltimore

Yrs.
Mon.
Days

D. STREET ADDRESS (If rural, give location)

5637 Ready Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

F

W.

Widow

Dec 9 1878

72

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Co. Cork Ireland U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael Harrington

14. MOTHER'S MAIDEN NAME

Julia Harrington

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

Mrs M H Hartley Same

18.

4221

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerosis Cardiovascular Nerve

INTERVAL BETWEEN
ONSET AND DEATH

2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

4 wks.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Aug 1950, to 16 June 1951, that I last saw the
deceased alive on 16 June 1951, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Howard J. ...

M. D.

1563 N. M. ...

17 June 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

June 17 1951

Holy Cross

Brooklyn N.Y.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 17 1951

Harrington Williams, M.D.

H. J. Jenkins 6800 49th St. Rd.

Dr. Howard Goldman
5625 Ready Ave

AB-149035

51 5365

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5365

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Carter

2. DATE
OF
DEATH

June 14-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Homeless

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 6- 1907

9. AGE (in years
last birthday)

43

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Carter

14. MOTHER'S MAIDEN NAME

Hattie Ball

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

1B.

002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

2wks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pulmonary Tuberculosis

8yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31-1951, to 6-14-1951 that I last saw the deceased alive on 6-14-1951, and that death occurred at 4 Am., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

6-15-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

SHIPPED
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Rayner Sanders

13B

JUN 17 1951

1412 E. Preston St

F 10005557

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

51 5366

51 5366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Bonn

2. DATE
OF
DEATH

June-15-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1515 Penbridge Rd

B. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Penbridge Apts

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1515 Penbridge

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/10/16/70

9. AGE (In years
last birthday)

80

10. Under 1 Year
Months: Days

27-09

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

financial

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Bonn

14. MOTHER'S MAIDEN NAME

Fannie A Kemp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes S-G + WWII

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Katharine M. Bonn

ADDRESS

Baltimore

18.

153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinomatosis

6 mos.

DUE TO Primary Ca Colon

(B) Parkinson's Disease

10 yrs.

DUE TO Generalized arteriosclerosis

?

(C) Malnutrition

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1938, 19 to 6-15-1951, that I last saw the
deceased alive on 6-15-1951, and that death occurred at 4 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert M. Hine

23B. ADDRESS

3105 N. Charles St.

23C. DATE SIGNED

6-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 18/51

24C. NAME OF CEMETERY OR CREMATORY

West Laurel Hill - Phila.

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 17 1951

REGISTRAR'S SIGNATURE

Wm. T. Williams, Jr.

25. FUNERAL DIRECTOR

Stewart M. Munn

ADDRESS

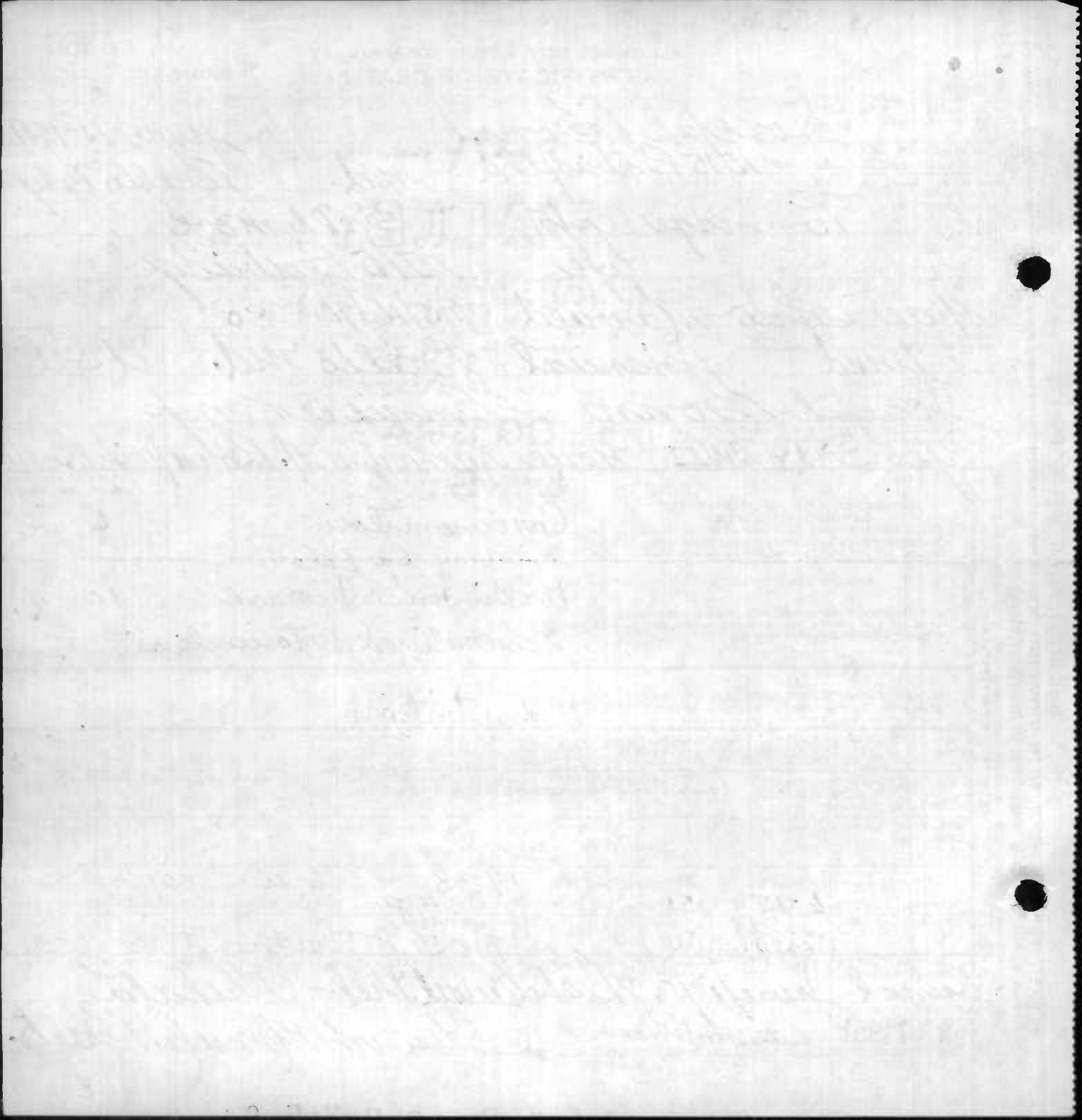
Baltimore

VS 150

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 5367

51 5367

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles J. Klingelhoef

2. DATE
OF
DEATH

June 14, 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1513 Kingsway Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Md. 27-09

D. STREET ADDRESS (If rural, give location)

1513 Kingsway Rd.

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 23, 1888

9. AGE (in years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Sales Engineer10B. KIND OF BUSINESS OR
INDUSTRY
American Can Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Klingelhoef

(M)

14. MOTHER'S MAIDEN NAME

Mary Katenkamp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-09-536417. INFORMANT 1513 Kingsway Rd.
Mrs. Minna Klingelhoef

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Coronary Occlusion

1 day

DUE TO

arteriosclerotic

(B)

Heart Disease

1 yr.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. 'AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1941, to June 14, 1951, that I last saw the deceased alive on June 13, 1951, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Kroger Skewyn

M. D.

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

6/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

JUNE 18, 51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Taylor Ave. Balto.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul A. Heemann 6067 Harford Rd.

JUN 17 1951

VS 150

935

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5368

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George W. Turney

2. DATE
OF
DEATH

June 17, 1951

3. PLACE OF DEATH

A. Baltimore City, Maryland *South Balto Hosp*

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE *Md* B. COUNTY *Balto City*

B. FULL NAME OF HOSPITAL OR INSTITUTION

South Balto Gen Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

16 W. Lee St

D. STREET ADDRESS (if rural, give location)

16 W Lee St 22-01

c. Length of stay in Baltimore

8 yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 10 1893

9. AGE (In years last birthday)

57

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Shipyard

11. BIRTHPLACE (State or foreign country)

W. Va

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas M. Turner

14. MOTHER'S MAIDEN NAME

Elizabeth Mageroad

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

232-26-0263

17. INFORMANT

Mary E. Turner 16 W Lee St

18. *443X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Hypertensive Cardiovascular Disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. [Signature]

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 17 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/19/51

24C. NAME OF CEMETERY OR CREMATORY

Oliver Cem

24D. LOCATION (City, town, or county)

Moorefield Md

DATE RECEIVED BY LOCAL REGISTRAR

JUN 17 1951

REGISTRAR'S SIGNATURE

William W. [Signature]

25. FUNERAL DIRECTOR

E. M. Lamericaan 1000 [Address]

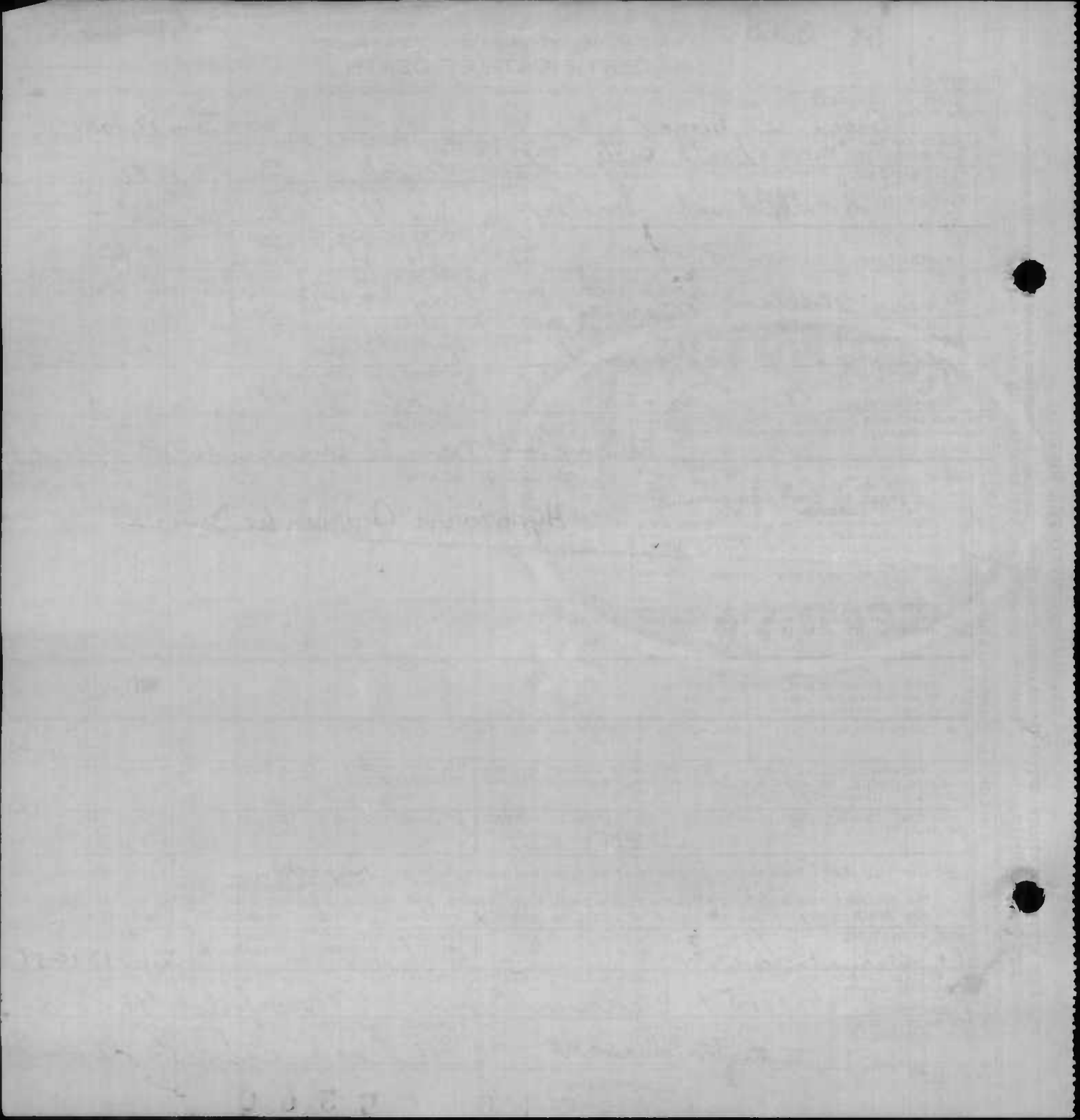
V S 151

5360

931

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



HOCKETT
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

William F Hockett

2. DATE

OF

DEATH

6/16/51
June 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR

INSTITUTION

Mary Kopf

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township.)

BALTO CITY

2-02

D. STREET ADDRESS (If rural, give location)

1821 E Balto St

c. Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 27-1927

9. AGE (In years

last birthday)

24

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Busk Gaffer

10B. KIND OF BUSINESS OR

INDUSTRY

Building

13. FATHER'S NAME

Benjamin Hockett

14. MOTHER'S MAIDEN NAME

Louise Repas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

Mary WWII

16. SOCIAL

SECURITY NO.

17. INFORMANT

Louise Repas

12. CITIZEN OF

WHAT COUNTRY?

18. E 816.4

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull Fracture

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

(B) Subdural And Extradural

(C) Hemorrhage, Contusion of Brain

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS

UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID

INJURY OCCUR?

(If in Baltimore City, give exact location)

Market Place & Lombard Street

4/1

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

June 16, 1951 2:15 A.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto and auto collision

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. [Signature]

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 12, 1951

24A. BURIAL, CREMA-

TION REMOVAL (Specify)

Removal

24B. DATE

4/17/57

24C. NAME OF CEMETERY OR CREMATORY

Meadow View Va.

24D. LOCATION (City, town, or county)

(State)

Meadow View Va

DATE RECEIVED BY

LOCAL REGISTRAR

JUN 17 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

[Signature]

ADDRESS

1407 Eastern Ave

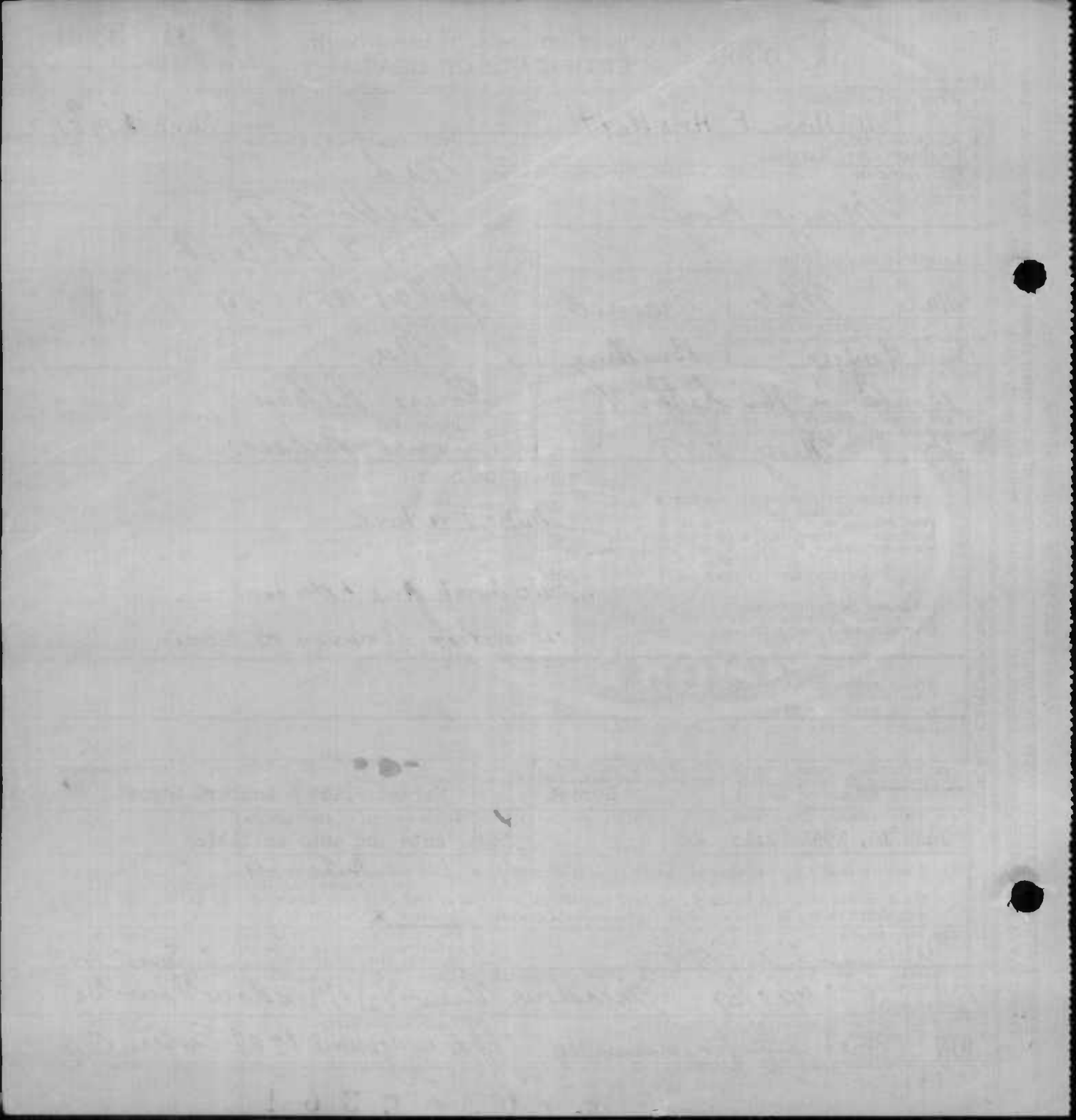
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504-24

0005361

170C



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Joseph Jordan</i>		2. DATE OF DEATH <i>June 15 1951</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland <i>1200 Valley St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 1-03</i>	
C. Length of stay in Baltimore <i>Life</i> Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>2543 Eastern Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept 1, 1869</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborn</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>General</i>	9. AGE (In years last birthday) <i>82</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Robert Jordan</i>		14. MOTHER'S MAIDEN NAME <i>Ellen Rice</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS <i>1200 Valley St.</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>General Hemorrhage</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>14 yrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Arterio-Sclerosis</i> DUE TO	<i>4 yrs</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 1, 1931</i> , to <i>June 15, 1951</i> , that I last saw the deceased alive on <i>June 14, 1951</i> , and that death occurred at <i>8:50 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Edith Hall MD</i>		23B. ADDRESS <i>1631 E. North Ave</i>		23C. DATE SIGNED <i>6/5/51</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6-18-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Trinity Cathedral</i>		24D. LOCATION (City, town, or county) (State) <i>Balto-Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 17 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams, MD</i>		25. FUNERAL DIRECTOR <i>Lilly & Zuber</i>		ADDRESS <i>4038 W. 1st St.</i>	

VS 150

5362 83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1904

1905

1906

1907

1908

1909

1910

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HELEN POWELL

2. DATE
OF

DEATH 6/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

1113 HARLEM AVE.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTIMORE

16-01

D. STREET ADDRESS (If rural, give location)

1113 HARLEM AVE.

c. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

4/15/1908

9. AGE (In years
last birthday)

43

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR
INDUSTRY

HOUSEWORK

11. BIRTHPLACE (State or foreign country)

NORTHUMBERLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WM. TALIFERRO

14. MOTHER'S MAIDEN NAME

ADDIE ADAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ADDIE TALIFERRO (M) 1113 HARLEM AVE.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

CORONARY THROMBOSIS

INTERVAL BETWEEN
ONSET AND DEATH

3 hrs ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

HYPERTENSIVE C. V. D.

?

(C)

MYOCARDIAL FAILURE

2 mos.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

OBESITY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

L. E. Bogard

M. D.

23B. ADDRESS

1905 W. BALTIMORE ST.

23C. DATE SIGNED

6/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/17/51

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county) (State)

A.A. COUNTY, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 18 1951

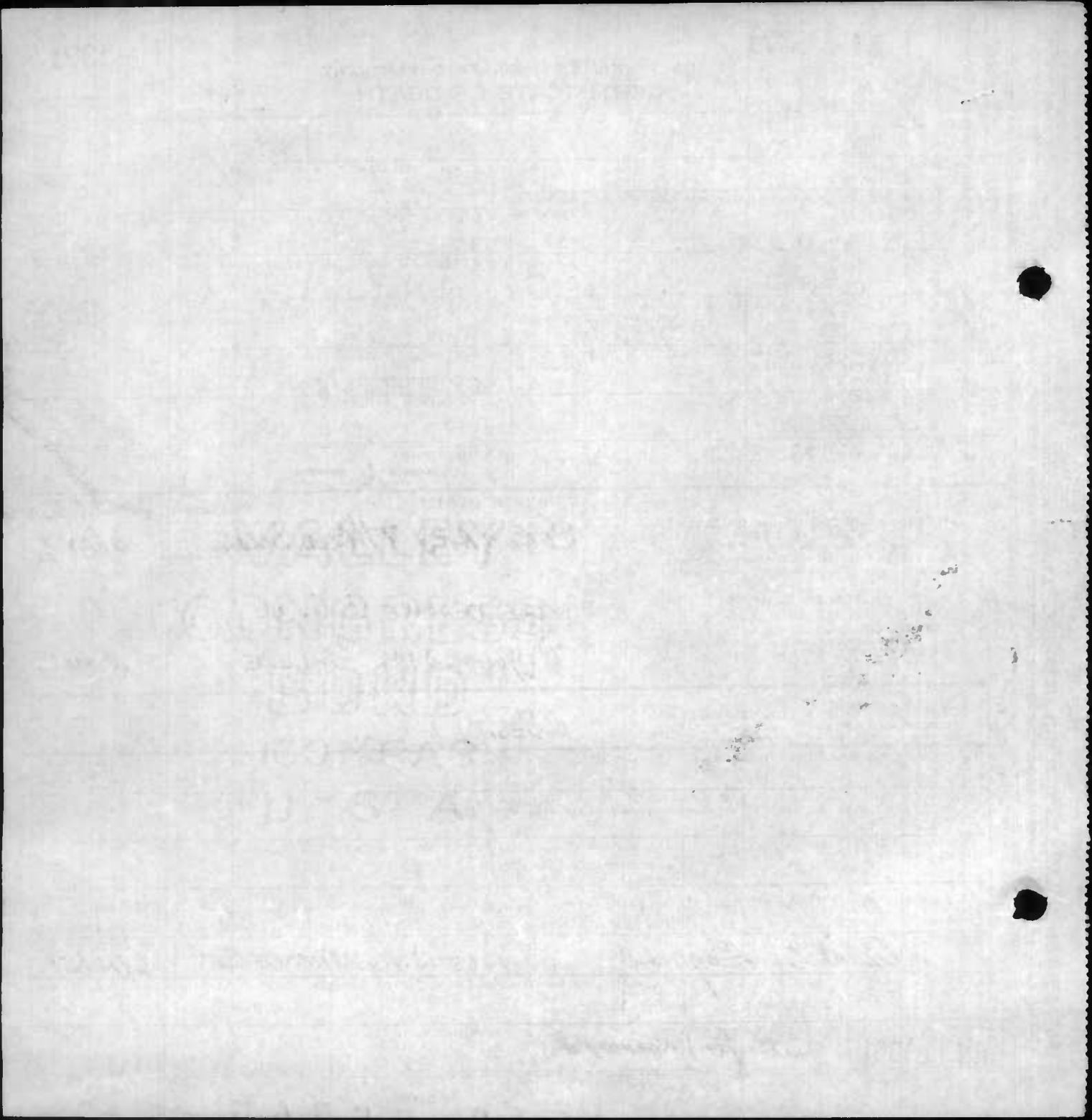
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

CHAS. G. COOPER 512 N. CARROLLTON AVE



51 5372

51 5372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

T 2047

Registered No. 108049

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur Hoskins

2. DATE
OF
DEATH

June 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

U.S. Marine Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Kentucky, Loyall Box 75

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Loyall Box 75

D. STREET ADDRESS (If rural, give location)

Box 75

c. Length of stay in Baltimore

since Dec. 26, 1950

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 23, 1901

9. AGE (In years last birthday)

50

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR INDUSTRY

Railroad Yard

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

W.B. Hoskins

14. MOTHER'S MAIDEN NAME

Belle Zora

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unk

16. SOCIAL SECURITY NO.

17. INFORMANT

Himself

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Lobular pneumonia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Few days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Reticulum cell sarcoma of paranasal sinuses, skin and liver

DUE TO

unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1950 to June 17, 1951 that I last saw the deceased alive on June 17, 1951 and that death occurred at 10:55 A.M. from the causes and on the date stated above.

23A. SIGNATURE

John S. Benson

M. D.

23B. ADDRESS

U.S. Marine Hospital, Balto, Md.

23C. DATE SIGNED

6/17/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

24B. DATE

JUNE 17, 1951

24C. NAME OF CEMETERY OR CREMATORY

REST HAVEN

24D. LOCATION (City, town, or county)

HARLAN, KENTUCKY

DATE RECEIVED BY LOCAL REGISTRAR

JUN 18 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William Cook, Jr. 1217 ST. PAUL

ADDRESS

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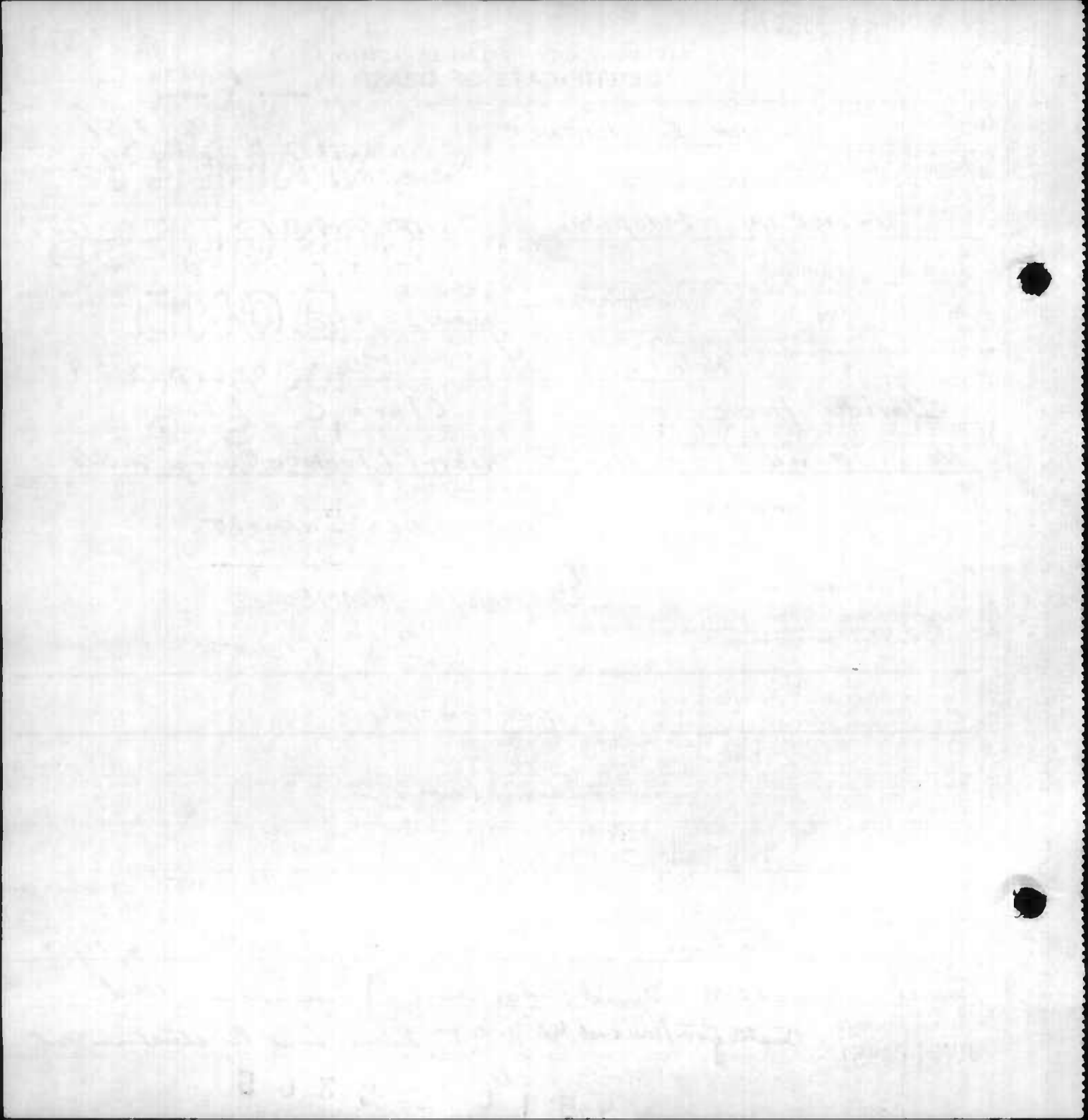
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 5373		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 5373	
BIRTH NO.		Registered No.			
1. NAME OF DECEASED (Type or Print)		LILLIAN E. TURNER		2. DATE OF DEATH 6/17/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND		B. COUNTY 5300	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) OWINGS MILLS		D. STREET ADDRESS (If rural, give location) PLEASANT HILL RD.	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX F	6. COLOR OR RACE W	7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 23 1891	9. AGE (In years last birthday) 60	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (State or foreign country) MD	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME David Hook		14. MOTHER'S MAIDEN NAME Clara C. KELLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT Robert L. Turner Owings Mills	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) H15X I		CAUSE OF DEATH (A) MYOCARDIAL INFARCT DUE TO (B) CORONARY THROMBOSIS DUE TO (C) RHEUMATIC C-V. DISEASE		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. HYPERTENSION					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/16, 1951, to 6/17, 1951, that I last saw the deceased alive on 6/17, 1951, and that death occurred at 7:45 P.m., from the causes and on the date stated above.					
23A. SIGNATURE John F. Strahan		23B. ADDRESS University Hospital		23C. DATE SIGNED 6/17/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 20-51		24C. NAME OF CEMETERY OR CREMATORY David Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Pheville Md		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1951		24F. REGISTRAR'S SIGNATURE Wilmington Williams, Md	
24G. FUNERAL DIRECTOR J.F. Elmer - Sons Rustertown Md		24H. ADDRESS			



51 5374

51 5374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Horsey

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

127 N. Smith St

C. Length of stay in Baltimore

2 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6-24-11 39

9. AGE (In years)

last birthday

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Cyster - packer

10B. KIND OF BUSINESS OR
INDUSTRY

CANNED (M)

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Horsey

14. MOTHER'S MAIDEN NAME

Elizabeth Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

THE JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Pelvic metastatic carcinoma

(C) Epidemic carcinoma of cervix

INTERVAL BETWEEN
ONSET AND DEATH

-

-

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb 1951

19B. MAJOR FINDINGS OF OPERATION

Pelvic metastatic carcinoma of cervix

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1951, to 6/14, 1951, that I last saw the
deceased alive on 6/14, 1951, and that death occurred at 10 m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel A. Bear

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

JUN 18 1951

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

6/18/51

24C. NAME OF CEMETERY OR CREMATORY

Lawsonia

24D. LOCATION (City, town, or county)

Crisfield Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 18 1951

REGISTRAR'S SIGNATURE

L. Williams

25. FUNERAL DIRECTOR

E. Wilson 1000 Beantley Ave

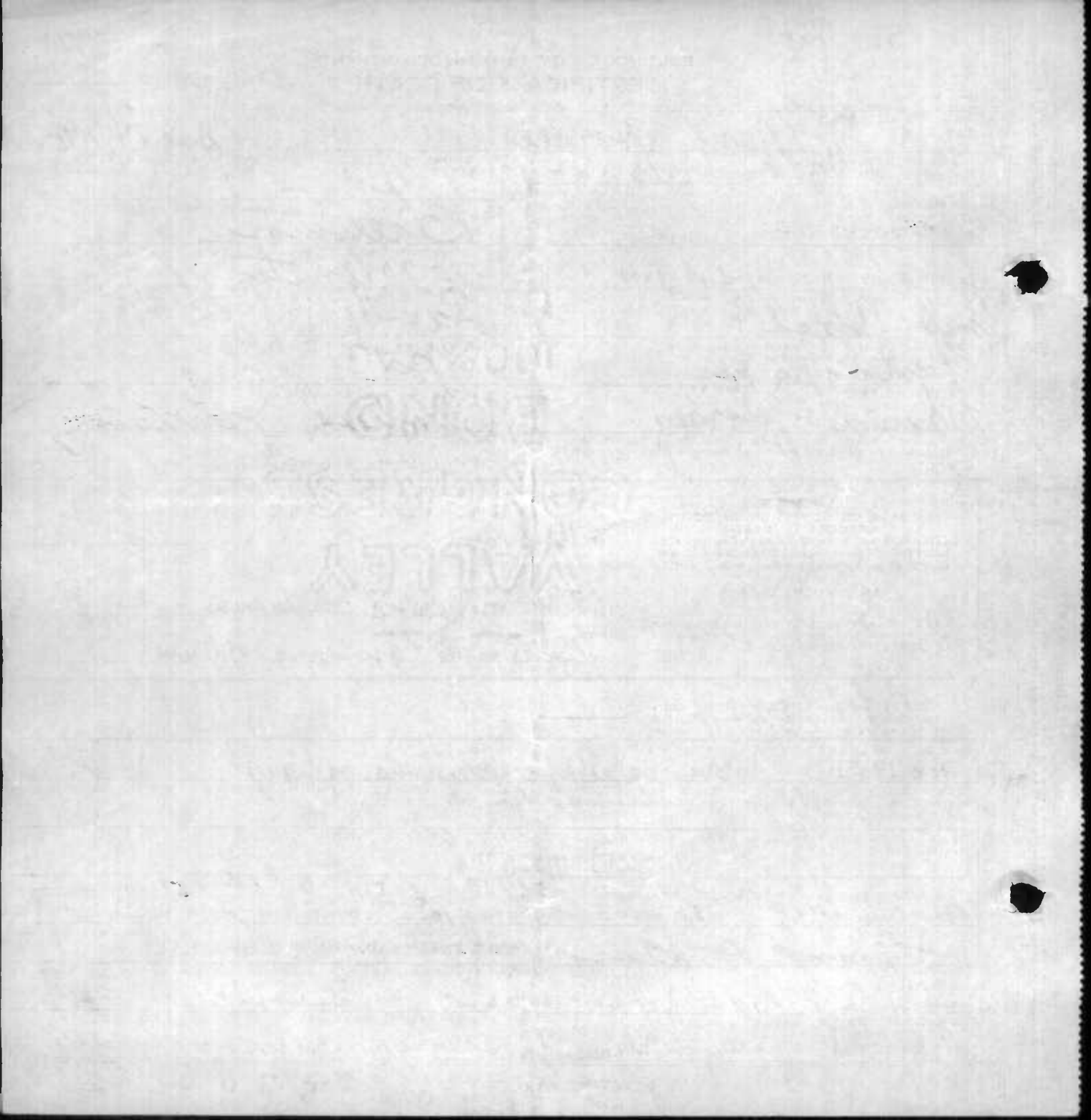
ADDRESS

VS 150

690 42 1000 536 6048a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING



51 5375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5375

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert R. Marks, SR.

2. DATE
OF
DEATH

June 16th 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Temple Garden Apts

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-01

c. Length of stay in Baltimore

Yrs.
Mos.
DaysO. STREET ADDRESS (If rural, give location)
Cloverdale Rd &
Temple Garden Apts Druid Hill Aves.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

December 25-1893

9. AGE (In years
last birthday) If Under 1 Year
Months Days Hours Min.

57

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Distributor

10B. KIND OF BUSINESS OR
INDUSTRY

Machinery

11. BIRTHPLACE (State or foreign country)

New Bern, N. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mortimer Marks

14. MOTHER'S MAIDEN NAME

Ella Rosenthal

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If Yes, give war or dates of service)

Yes

World I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Ethel Marks Temple Garden Apts

18.

199-51

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of the
stomach (original site undetermined)

8 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan 1951

19B. MAJOR FINDINGS OF OPERATION

Left frontal lobe Carcinoma (metastatic)

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1934 to June 16, 1951 that I last saw the
deceased alive on June 16, 1951 and that death occurred at 1130 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Alan Bernstein M. D.

23B. ADDRESS

1109 N. Calvert St

23C. DATE SIGNED

6/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

June 17th 1951

24C. NAME OF CEMETERY OR CREMATORY

Laurel Grove

24D. LOCATION (City, town, or county)

Savannah, Georgia.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 18 1951

REGISTRAR'S SIGNATURE

T. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. TUCKER & SONS--NORTH & PENNA. AVES.

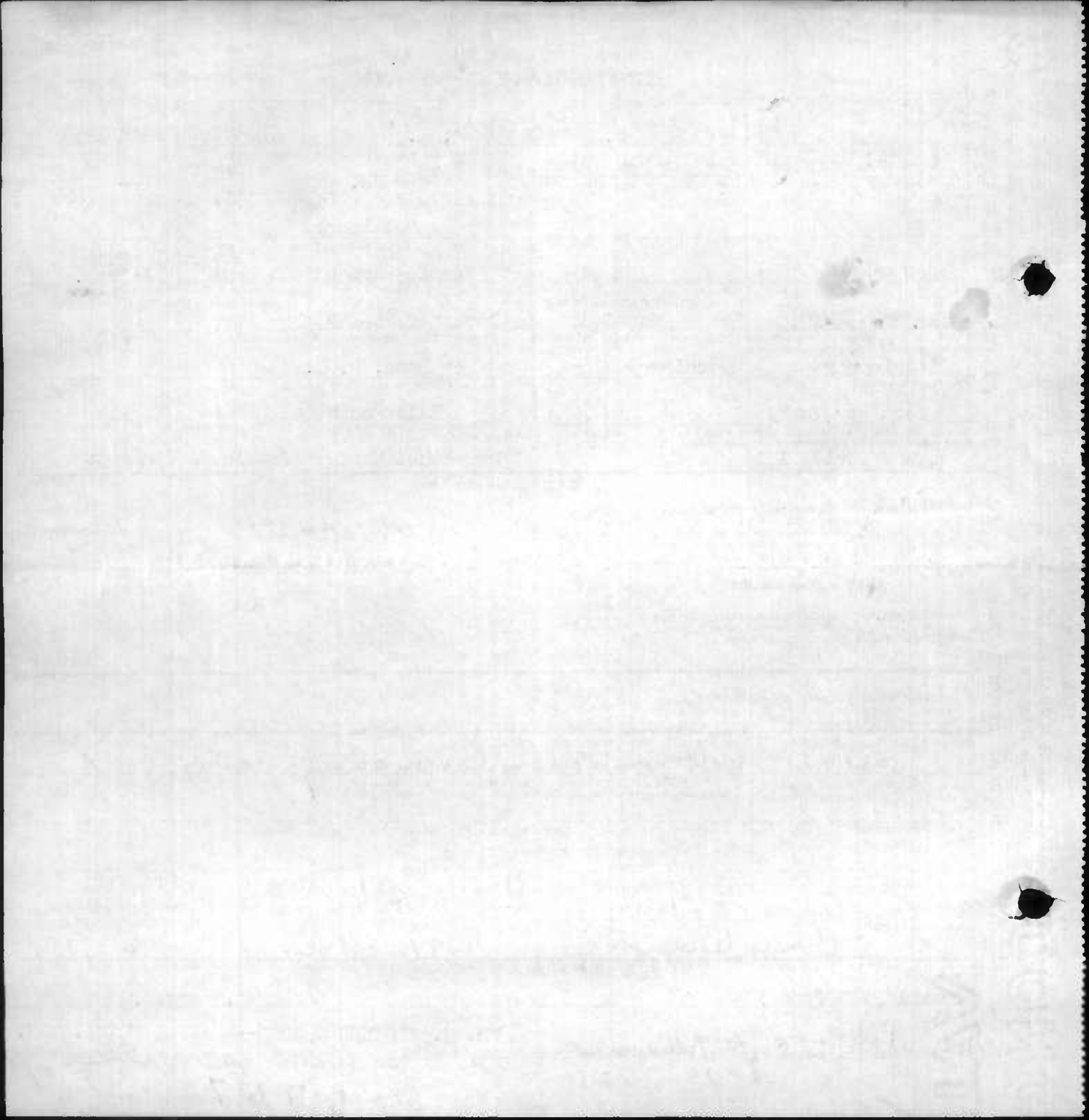
VS 150

290-65

254 N. Calvert St. Penna. Ave. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



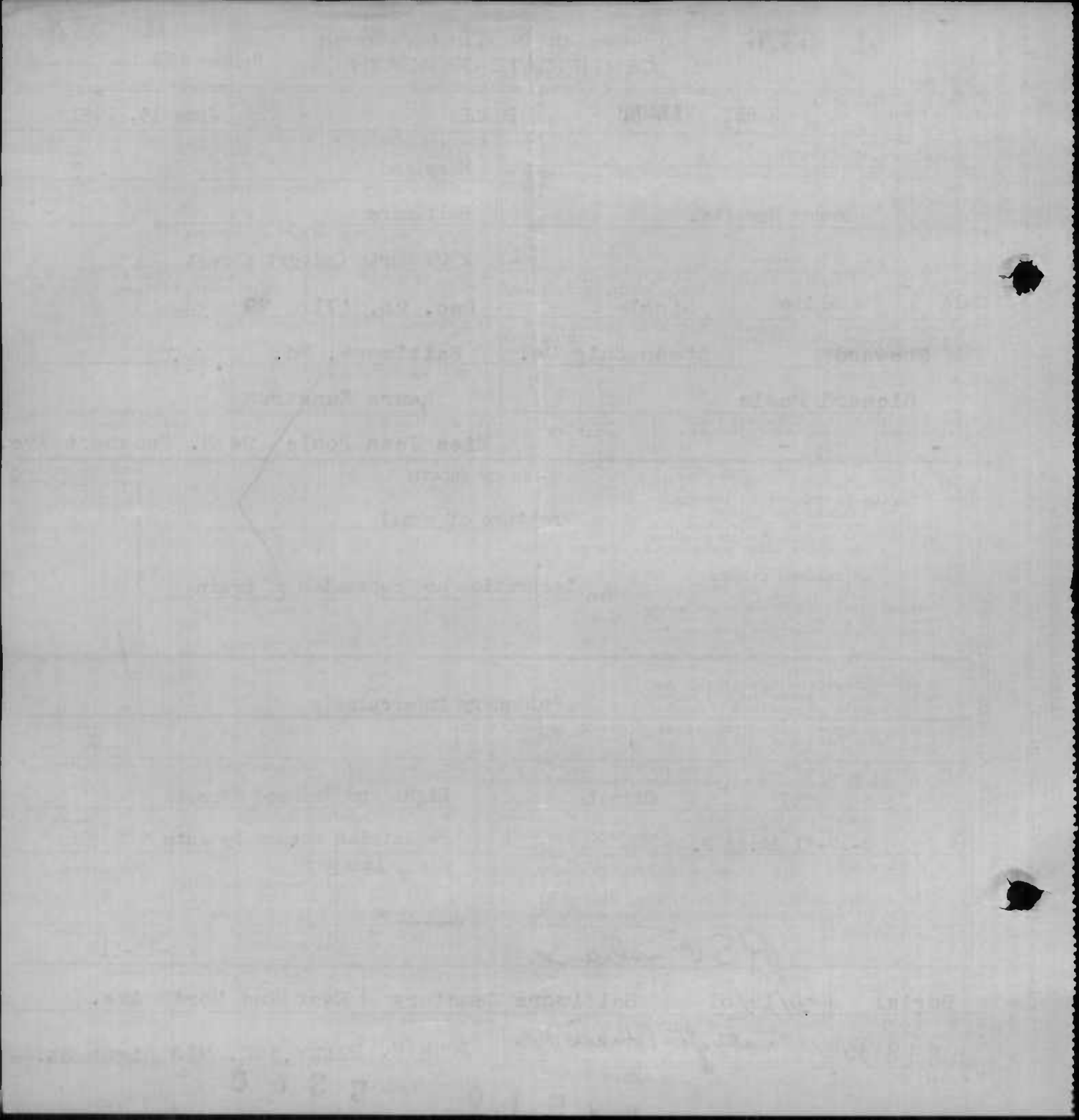
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5376

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		HARRY WILMER POOLE		June 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		A. STATE Maryland			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-04			
D. STREET ADDRESS (If rural, give location) 2309 North Calvert Street		D. STREET ADDRESS (If rural, give location) 2309 North Calvert Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 25, '71	9. AGE (In years last birthday) 79	10. AGE (In years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work, done during most of working life, even if retired) Steward		10B. KIND OF BUSINESS OR INDUSTRY Steam Ship Co.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Richard Poole			
14. MOTHER'S MAIDEN NAME Laura Sunstrum		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Jean Poole 24 N. Prospect Ave.			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E812.4 and 002X Fracture of skull		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Laceration and contusion of brain		Pulmonary tuberculosis			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Light and Redwood Streets 4/1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6-12-51 10:45 P. M.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R S Fisher		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED 6-15-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/18/51		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) East End North Ave.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1951		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR JOHN F. DENNY, INC.		24H. ADDRESS 715 Light St.			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

c. Length of stay in Baltimore

O. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 155X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Biliary obstruction
probably carcinoma

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

upper gastric intestinal
obstruction

2 weeks

(C) DUE TO

Congestive heart failure

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/57 10¹⁹ to 6/14/57 19¹⁹, that I last saw the
deceased alive on 6/14/57 19¹⁹ and that death occurred at 9⁰⁰ p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

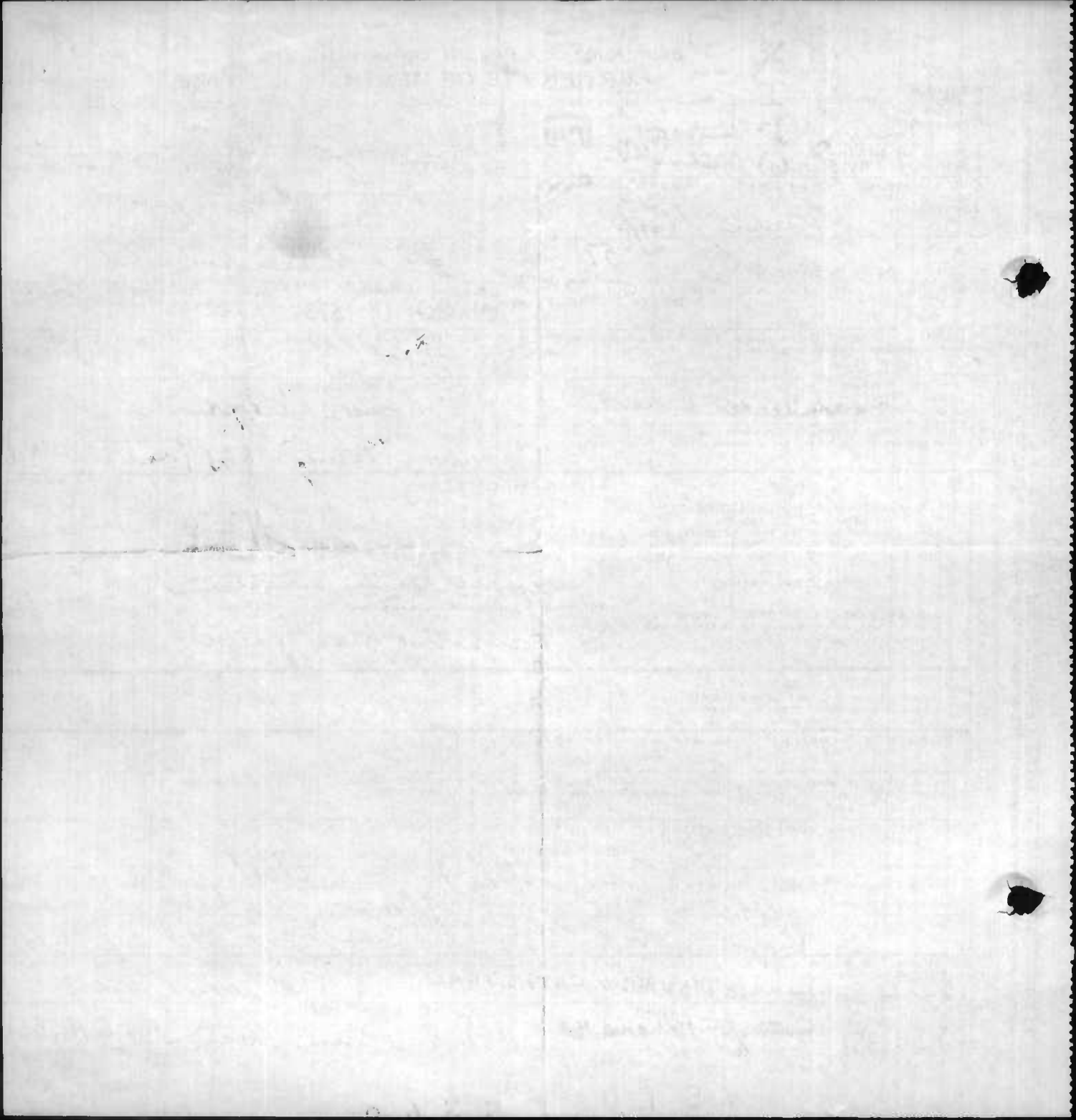
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 5378

51 5378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

ND-145206

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ernest James Robinson

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

22-01

4940 Eastern Avenue

D. STREET ADDRESS (If rural, give location)

109 W. Montgomery St. (30)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 9, 1921

9. AGE (In years
last birthday)

29

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Luther Robinson

14. MOTHER'S MAIDEN NAME

Evelyn Holmes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 0 or X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Far advanced Pulmonary tuberculosis

Over 3 Yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1951, to 6-14, 1951, that I last saw the
deceased alive on 6-14, 1951, and that death occurred at 2:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Cozart

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/18/51

24C. NAME OF CEMETERY OR CREMATORY

Baths Nat Cemt

24D. LOCATION (City, town, or county)

Baths Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunstington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

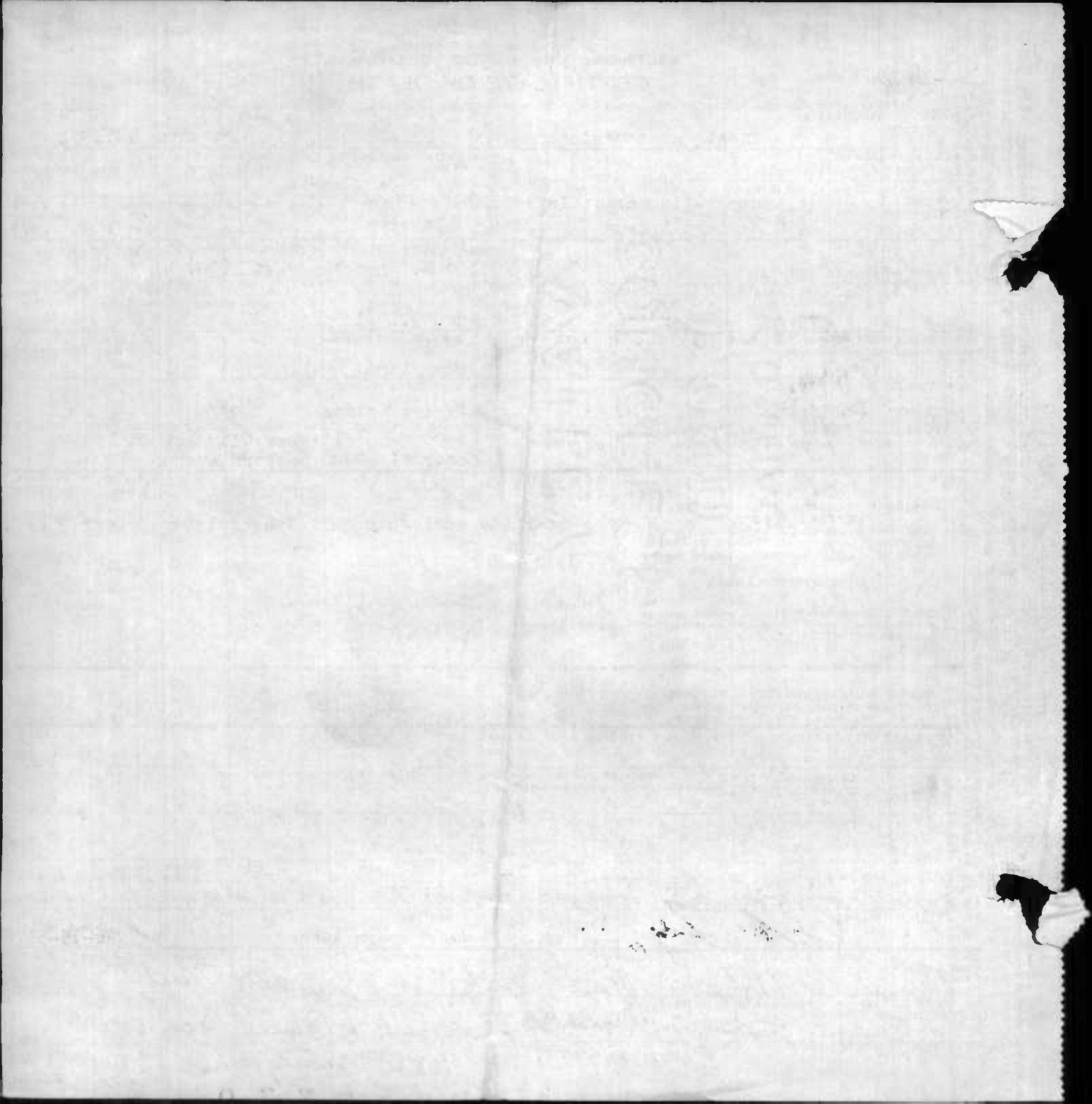
Isaiah L Brown Son

108 W Montgomery St

JUN 18 1951

VS 150

0136



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary F. Kelly

2. DATE
OF
DEATH

June 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. only

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

25-06

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Bklyn

D. STREET ADDRESS (If rural, give location)

1730 Bradley Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

6-27-04

9. AGE (In years last birthday)

46

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richard Brown

14. MOTHER'S MAIDEN NAME

Mary Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18.

592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *CHRONIC GLOMERULO NEPHRITIS*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *6-1-51*, 1951, to *6-15-51*, 1951, that I last saw the deceased alive on *6-15-51*, and that death occurred at *4:10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Joseph Stokes III

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 19, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county) (State)

B R C Md

DATE RECEIVED BY

181951

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

St. Brown & Son Montgomery St

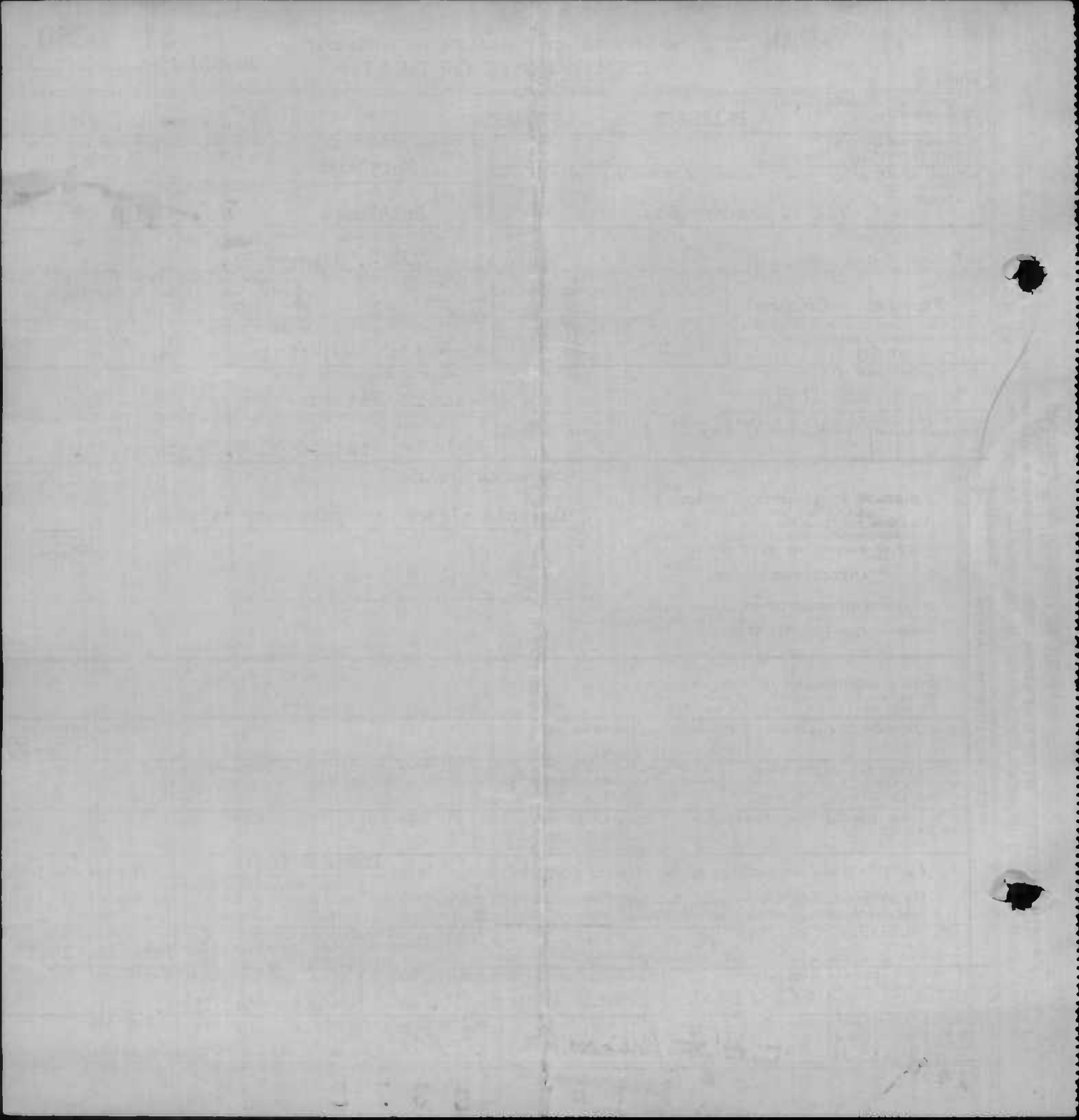
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5380
Registered No.

BIRTH NO. 51 5380		1. NAME OF DECEASED (Type or Print) BEATRICE STEWART		2. DATE OF DEATH June 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 722 S. Hanover St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-01		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 722 S. Hanover St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12/3/1913	9. AGE (In years last birthday) 37	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Norfolk, Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Mc Clain			14. MOTHER'S MAIDEN NAME Mattie Faison		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mattie Scott-722 S. Hanover, St.		

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic ulcerative pulmonary tuberculosis (A) DUE TO				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held on Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Durlachen		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED June 14, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/18/1951	24C. NAME OF CEMETERY OR CREMATORY Mount Auburn, Ct.	24D. LOCATION (City, town, or county) (State) Baltimore, City.		

DATE RECEIVED BY LOCAL REGISTRAR 181951	REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.	25. FUNERAL DIRECTOR J. L. Brown & Son - Montgomery St.	ADDRESS 708-2
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5381
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John M. Knox. 574144

2. DATE
OF
DEATH

JUN 16 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Grady 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, 27-03

D. STREET ADDRESS (If rural, give location)

2901 Halcyon Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18.

5810 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Uremia*

DUE TO

Prostatic hypertrophy & obstruction

3+ wks.

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Cirrhosis of liver, severe*

DUE TO

Cerebral arteriosclerosis, severe

4+ mos.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6-4-1951, to 6-16-1951, that I last saw the
deceased alive on 6-16-1951, and that death occurred at 3:08 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. C. Vardell, Jr.

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 18 1951

Lutington Williams, M.D.

Leroalan Funeral Home 7401 Belair Rd.

1941

1941

CONGRESS
VALLEY

1941

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Raymond N. Kress

2. DATE
OF
DEATH

June 16-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

6901. Old Harford Rd.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baito. 27-07

D. STREET ADDRESS (If rural, give location)

6901. Old Harford Rd

c. Length of stay in Baltimore

11- Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)11 Under 1 Year
Months Days
11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1951, to 6/16, 1951, that I last saw the
deceased alive on 6/16, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 18 1951

Huntington Williams, M.D.

Lassahn Funeral Home 7401 Belair Rd.

VS 150

49068

094a

Dr Ed. Alessi
6217. Harford Rd.

AB-149260

51 5383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hattie Brown

2. DATE
OF
DEATH

June 15-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)Baltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

2242 1/2 Druid Hill Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 11- 1868

9. AGE (in years
last birthday)

82

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Davis

14. MOTHER'S MAIDEN NAME

Charlotte Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized Peritonitis

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6-14-1951

19B. MAJOR FINDINGS OF OPERATION

Gastric Carcinoma Resection and Gastroenterostomy

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8-1951 to 6-15-1951 that I last saw the
deceased alive on 6-15-1951 and that death occurred at 10:47 PM, from the causes and on the date stated above.

23A. SIGNATURE

J. S. Hogan M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-20-1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter T. Williams, M.D.

25. FUNERAL DIRECTOR

William C. Lunnell
1601 Druid Hill Ave.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

B. 625. 51 5384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5384
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HENRY-CHARLES- BERGEN		2. DATE OF DEATH June 16-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1834 Wilkens Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 08		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 19-04			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1834 Wilkens Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 16, 1890	9. AGE (In years, last birthday) 61	10. Under 1 Year: Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10B. KIND OF BUSINESS OR INDUSTRY Brush Co		11. BIRTHPLACE (State or foreign country) Baltimore md	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Emil Bergen		14. MOTHER'S MAIDEN NAME Eliz. Schwartz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 213-10-8713		17. INFORMANT ADDRESS Ruth E. Bergen 1834 Wilkens Ave	
18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Brain		CAUSE OF DEATH Carcinoma of Brain		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II		(B) -		(C) -	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION Feb 1951		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Brain	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Jan 23 , 1951, to June 16 , 1951, that I last saw the deceased alive on June 16 , 1951, and that death occurred at 11:00 p.m. , from the causes and on the date stated above.		23A. SIGNATURE Carol Rosling	
23B. ADDRESS 1326 W. Lombard St		23C. DATE SIGNED June 18, 1951		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE June 19, 1951		24C. NAME OF CEMETERY OR CREMATORY Landon Park		24D. LOCATION (City, town, or county) (State) Batts - City md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1951		REGISTRAR'S SIGNATURE Wm. Williams		25. FUNERAL DIRECTOR ADDRESS Mrs. Mrs. John W. Tempel, Son 5311 Edmonson Ave	

510 52332

0546 Ave

M

SSO 51 5385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5385

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **Frank Minion** 2. DATE OF DEATH **June 12, 1951**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE **Md.** B. COUNTY _____

5. FULL NAME OF HOSPITAL OR INSTITUTION **1307 Angyle Ave.** 6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Balto. 17-02**

7. STREET ADDRESS (If rural, give location) **1307 Angyle Ave**

c. Length of stay in Baltimore Yrs. Mos. Days

8. SEX **Male** 9. COLOR OR RACE **Col.** 10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 11. DATE OF BIRTH **Mar. 6, 1891** 12. AGE (In years last birthday) **60** 13. Under 1 Year Months: Days 14. Under 24 Hours Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Truck Driver** 16. KIND OF BUSINESS OR INDUSTRY _____ 17. BIRTHPLACE (State or foreign country) **Greenwood S.C.** 18. CITIZEN OF WHAT COUNTRY? **U.S.A.**

19. FATHER'S NAME **Motion Minion** 20. MOTHER'S MAIDEN NAME **Mariah Marshall**

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **Yes** (If yes, give war or dates of service) **W.W.I** 22. SOCIAL SECURITY NO. _____ 23. INFORMANT **Amanda Minion** 24. ADDRESS **1307 Angyle Ave.**

25. CAUSE OF DEATH **Cerebral Hemorrhage** 26. INTERVAL BETWEEN ONSET AND DEATH **7 days**

27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) **Cerebral Hemorrhage** 28. DUE TO **7 days**

29. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **Interstitial Nephritis** 30. DUE TO **2 mos.**

31. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Arteriosclerosis** 32. DUE TO **no**

33. DATE OF OPERATION 34. MAJOR FINDINGS OF OPERATION 35. AUTOPSY? YES ☐ NO ☐

36. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 37. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 38. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

39. TIME (Month) (Day) (Year) (Hour) OF INJURY 40. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 41. HOW DID INJURY OCCUR?

42. I hereby certify that I attended the deceased from **6/11/51**, 19**51**, to **6/12/51**, 19**51**, that I last saw the deceased alive on **6/11/51**, 19**51**, and that death occurred at **11 A.M.**, from the causes and on the date stated above.

43. SIGNATURE **C. T. Williams, M.D.** 44. ADDRESS **532 N. Hollinsworth St. Balto. Md.** 45. DATE SIGNED **6/14/51**

46. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 47. DATE **6/18/1951** 48. NAME OF CEMETERY OR CREMATORY **Balto. National** 49. LOCATION (City, town or county) **Balto. Md.** (State)

50. DATE RECEIVED BY LOCAL REGISTRAR **181951** 51. REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 52. FUNERAL DIRECTOR **Mrs. Katie R. Williams** 53. ADDRESS **322 N. Howard St.**

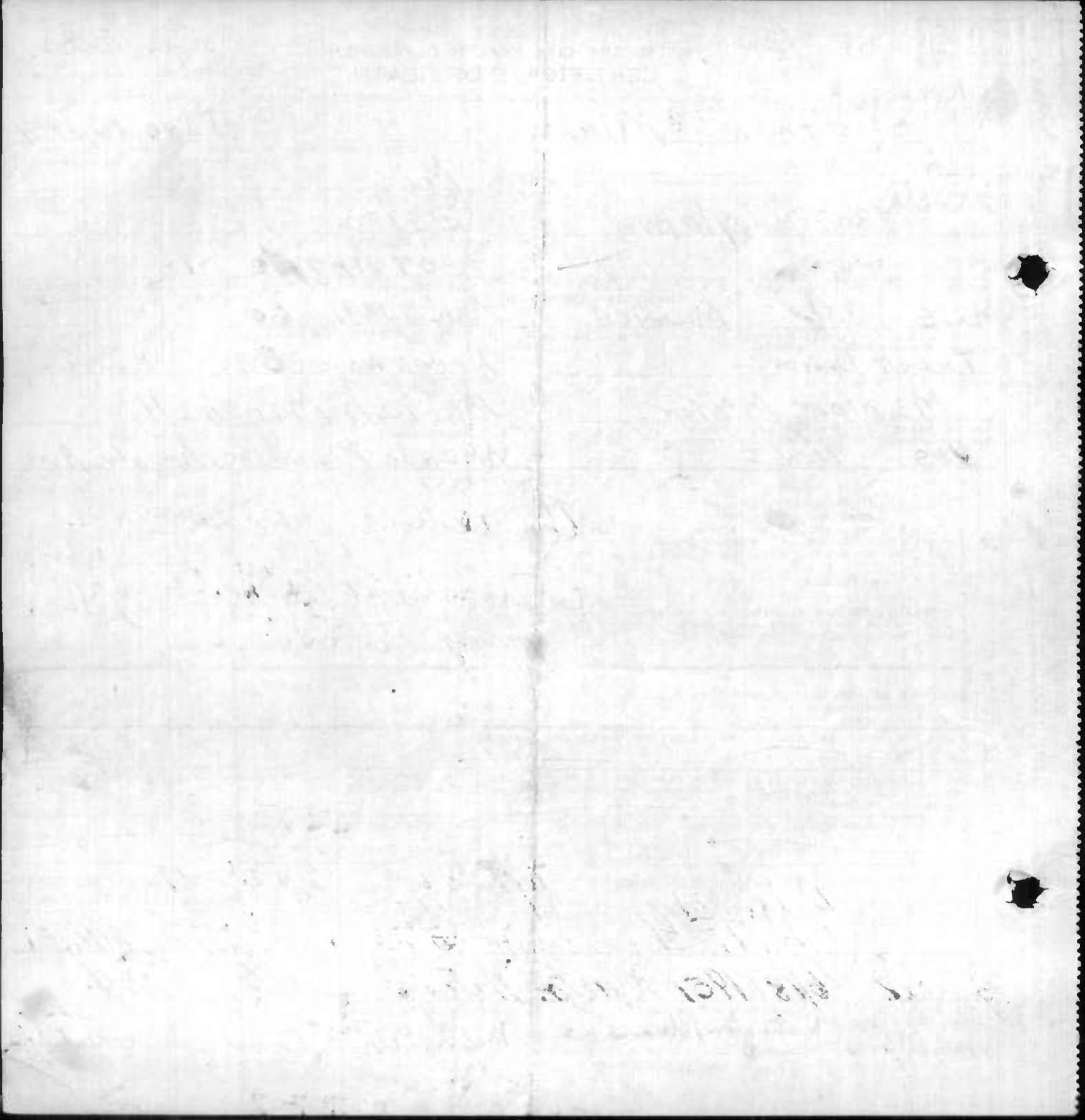
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



F. 430 51 5386 X 51 5386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John Flood

2. DATE
OF
DEATH

June 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Surgeon's Office 28

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

53-00

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 22

D. STREET ADDRESS (If rural, give location)

635 Main St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-3-1887

9. AGE (In years last birthday)

63

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bethlehem Steel Corp.

10B. KIND OF BUSINESS OR INDUSTRY

Rigger

11. BIRTHPLACE (State or foreign country)

Appomattox, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Peter Flood

14. MOTHER'S MAIDEN NAME

Betty Patterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18.

420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic Heart Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15-1951, to 6-15-1951, that I last saw the deceased alive on 6-15-1951, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. N. P. John

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/20/51

24C. NAME OF CEMETERY OR CREMATORY

Salisbury Baptist Cem.

24D. LOCATION (City, town, or county) (State)

Appomattox, Va.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 18 1951

REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

Charles R. Low, 802 Mad. ave.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Janise Allison

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Apex 3

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 6-03

D. STREET ADDRESS (If rural, give location)

214 N. Patterson Park Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

Female White

Widowed

9-20-81

69

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Peter Heng

14. MOTHER'S MAIDEN NAME

Bernice Eberwein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18.

470.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-4, 1951, to 6-14, 1951, that I last saw the deceased alive on 6-14, 1951, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. W. E. K.

M. O.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-16-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6/14/51

Clark Lane

Colgate Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 18 1951

Huntington Williams, Md

Ulrich Funeral Home Chelmsford

CONFIDENTIAL
SECRET

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5388 51-10975		BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Baby Cynthia Robinson		2. DATE OF DEATH 6/17/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 5300 BALTO.	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland.	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1515 Rita Road, Balto-22-Md.	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5/18/51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) 29	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Harold Clifford Robinson		14. MOTHER'S MAIDEN NAME Norma Jean Ingle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Meningitis (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Spina bifida (Open) (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 6, 1951, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 3:40 m., from the causes and on the date stated above.			
23A. SIGNATURE Edward M. Rehak		23B. ADDRESS Bon Secours	
23C. DATE SIGNED 6/17/51		23D. DATE RECEIVED BY LOCAL REGISTRAR	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE June 18, 51	
24C. NAME OF CEMETERY OR CREMATORY Mt Carmel		24D. LOCATION (City, town, or county) (State) Baltimore Md	
25. FUNERAL DIRECTOR William J. Williams, Jr.		ADDRESS 2112 Dundalk Ave	

JUN 18 1951

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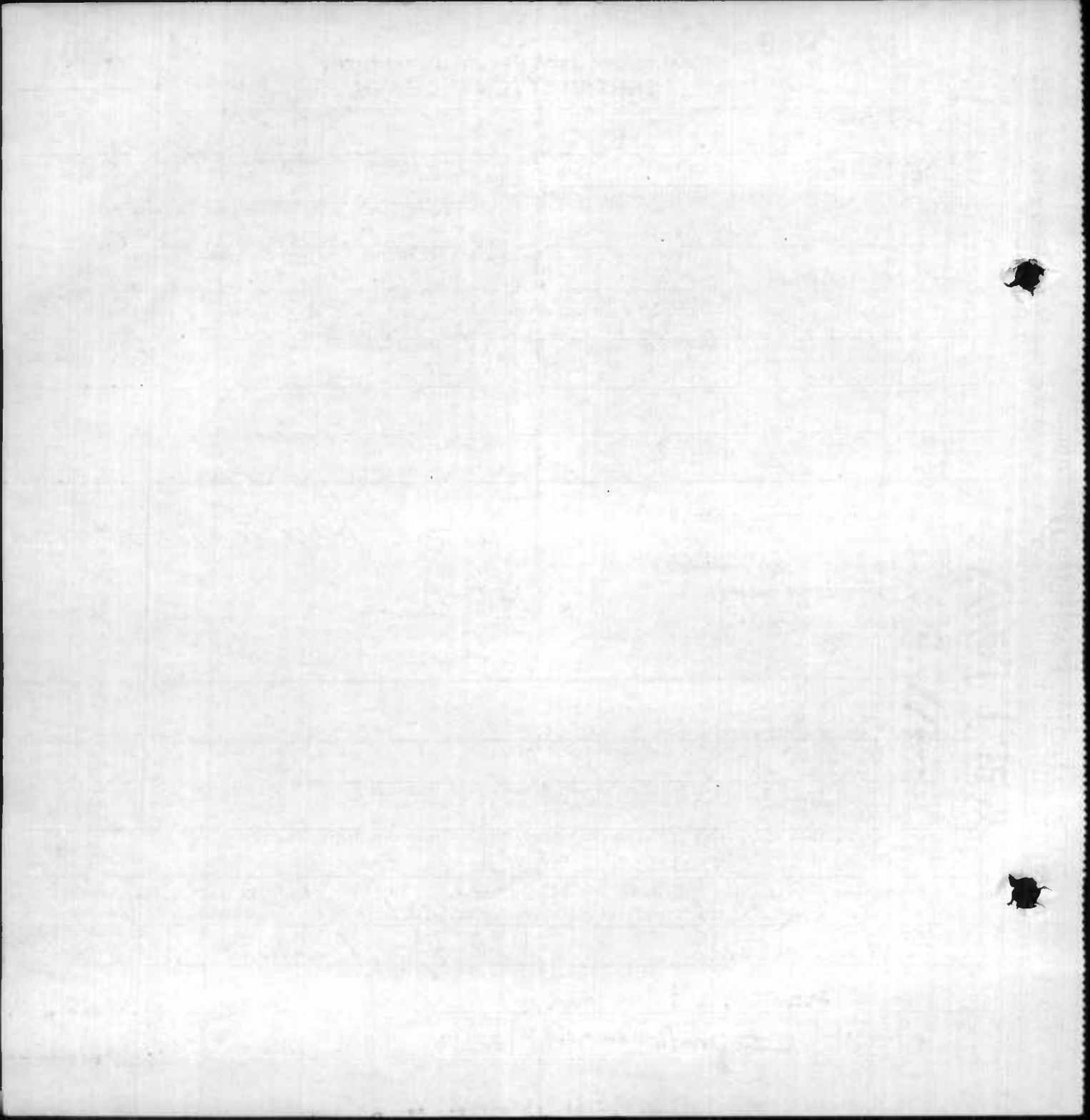
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 5389		BALTIMORE CITY HEALTH DEPARTMENT		51 5389	
W-300		CERTIFICATE OF DEATH		Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) Elmer W. Wyatt				2. DATE OF DEATH June 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 13 E. West St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-02		
c. Length of stay in Baltimore 29 yrs.			D. STREET ADDRESS (If rural, give location) 13 E. West St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 16, 1880	9. AGE (In years last birthday) 70 yrs.	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter			10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel		11. BIRTHPLACE (State or foreign country) Marion Maryland
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 219-01-8554		17. INFORMANT ADDRESS (25) Mrs. Gertrude Crockett-5620 Lib. Ter.	
18. 331X I CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES			(B) Hypertension		1 year
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) Atherosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1951 to June 16, 1951, that I last saw the deceased alive on June 15, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Dade Miller		23B. ADDRESS M. D. 128 S. Charles St.		23C. DATE SIGNED 6/17/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 18, 1951		24C. NAME OF CEMETERY OR CREMATORY Meadowridge	
24D. LOCATION (City, town, or county) (State) Washington Blvd. Balto. Md.		25. FUNERAL DIRECTOR ADDRESS KRAUSE FUNERAL HOME 1216 S. Charles St.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



51 5390

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5390

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NORA A. WHITMORE

2. DATE
OF
DEATH

6/15/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

60 Holligh Nursing Home.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

13-06

D. STREET ADDRESS (If rural, give location)

3509 Chestnut Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/25/1876

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Laurel, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?-

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

-

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Milton A. Whitmore 3509 Chestnut Ave.

18.

331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

1 day

ANTECEDENT CAUSES

(B)

DUE TO

Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to June 15, 1951, that I last saw the
deceased alive on June 14, 1951, and that death occurred at 11:51 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Edward L. Harsman M. D.

23B. ADDRESS

4037 Falls Rd.

23C. DATE SIGNED

6/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/18/51

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Frederick Ave.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul C. Schramm 3615 1/2 Chestnut Ave.

VS 150

083a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CONFIDENTIAL

SECRET

51 5391

51 5391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTIN H. FEEHELEY

2. DATE
OF
DEATH

JUNE 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

734 W. HAMBURG ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE 21-01

D. STREET ADDRESS (If rural, give location)

734 W. HAMBURG ST.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

NOV. 10, 1911

9. AGE (In years; last birthday)

79

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PACKER

10B. KIND OF BUSINESS OR INDUSTRY

PUMBERS. SUPPLY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MRS. McFORD 2624 MATHEWS ST.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis, right 46 days

ANTECEDENT CAUSES

(B) DUE TO

Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

D

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22, 1949, to 6-15, 1951, that I last saw the deceased alive on 6-15, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Welch, Jr.

M. D.

23B. ADDRESS

1227 Wade Blvd

23C. DATE SIGNED

6-16-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

JUN 19, 51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 18 1951

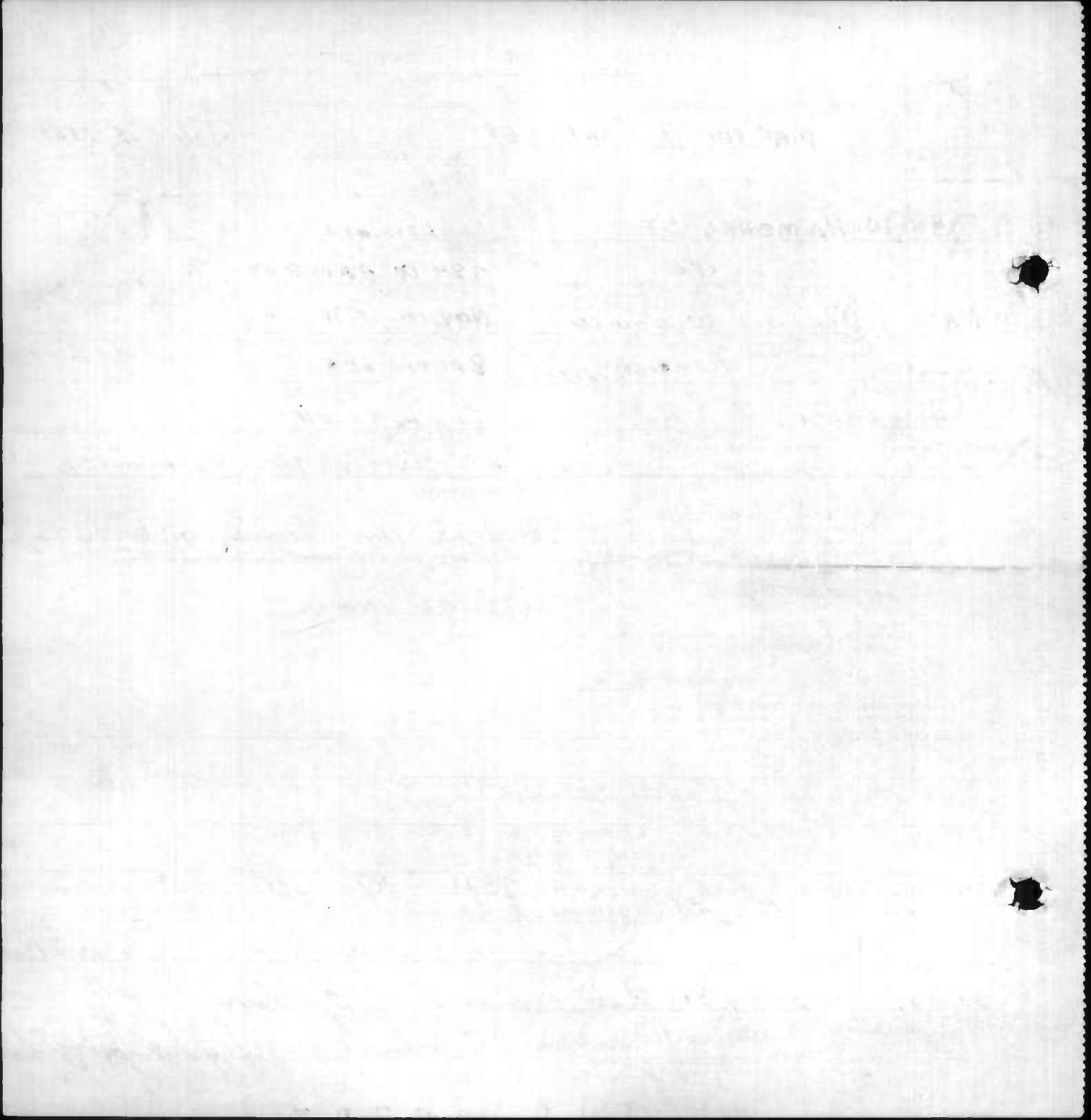
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

J. T. Ambrose, Jr. 828 Sulphur Spring Rd.

ADDRESS



51 5392

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5392

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY C. KOKENGE LOCKHART

2. DATE
OF
DEATH

June 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3214 Howard Park Ave.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3214 Howard Park Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 30, 1899

9. AGE (In years
last birthday)

52

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Kokenge

14. MOTHER'S MAIDEN NAME

Mary Helmer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Howard A. Lockhart - 3214 Howard Pk. Av

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-10-50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Pancreas

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6, 1947, to 6-16, 1951, that I last saw the
deceased alive on 6-16, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Howard J. Warner

M. D.

23B. ADDRESS

2614 Garrison St

23C. DATE SIGNED

6-18-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/19/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 18 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

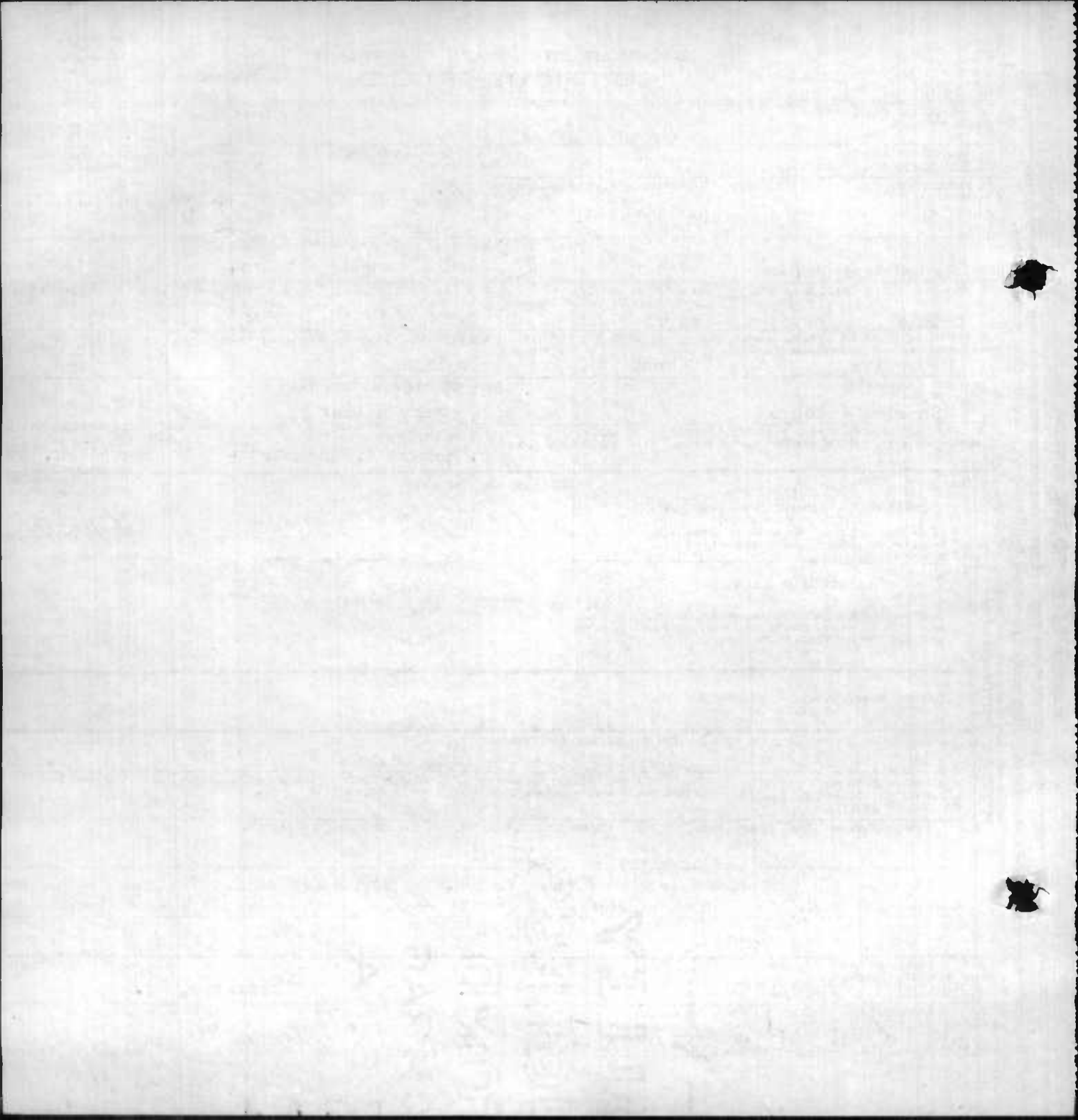
25. FUNERAL DIRECTOR

J. M. J. Tickers & Sons

ADDRESS

0469 Balto, Md.

VS 150



51 5393

51 5393

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE CLARENCE SCHIMPF

2. DATE
OF
DEATH

6-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore.

D. STREET ADDRESS (If rural, give location)

4809 Pennington Avenue - 26

C. Length of stay in Baltimore

60 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11-1-63

9. AGE (in years
last birthday)

87

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mfrgr. Agent

10B. KIND OF BUSINESS OR
INDUSTRY

Self-Employed

11. BIRTHPLACE (State or foreign country)

Ohio. (Newark)

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael Schimpf

14. MOTHER'S MAIDEN NAME

Catherine Gast

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Helen Schimpf - 4809 Pennington Ave. 26

18.

199.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Severe Anemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinomatosis - abdominal

DUE TO

mass

(over)

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 6-16-1951 to 6-16-1951, that I last saw the
deceased alive on 6-16-1951, and that death occurred at 11:00 PM, from the causes and on the date stated above.

23A. SIGNATURE

Robert E. May

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

6-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Entombment

24B. DATE

6/20/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine RK Mausoleum

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 18 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tucker & Sons Inc. Balto. Md.

VS 150

510005385

55E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 51-5393

6/25/51

ES

520 51 5394

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5394

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ETCHISON

AMY E. YOUNG

2. DATE
OF
DEATH

JUNE 17, 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 26-01

D. STREET ADDRESS (If rural, give location)

4408 BAYONNE AVE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSP

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 26, 1887

9. AGE (in years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stenographer

10B. KIND OF BUSINESS OR
INDUSTRY

Shipping

11. BIRTHPLACE (State or foreign country)

Carroll Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Elisha S. Young

14. MOTHER'S MAIDEN NAME

Matilda A. Day

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

7

17. INFORMANT

ADDRESS

R. E. Young 4408 Bayonne Ave. 6

18.

193X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTRACRANIAL TUMOR

(A) ASTROCYTOMA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1951, to June 17, 1951, that I last saw the
deceased alive on June 17, 1951, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edmund B. Middleton M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

June 17, 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/19/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

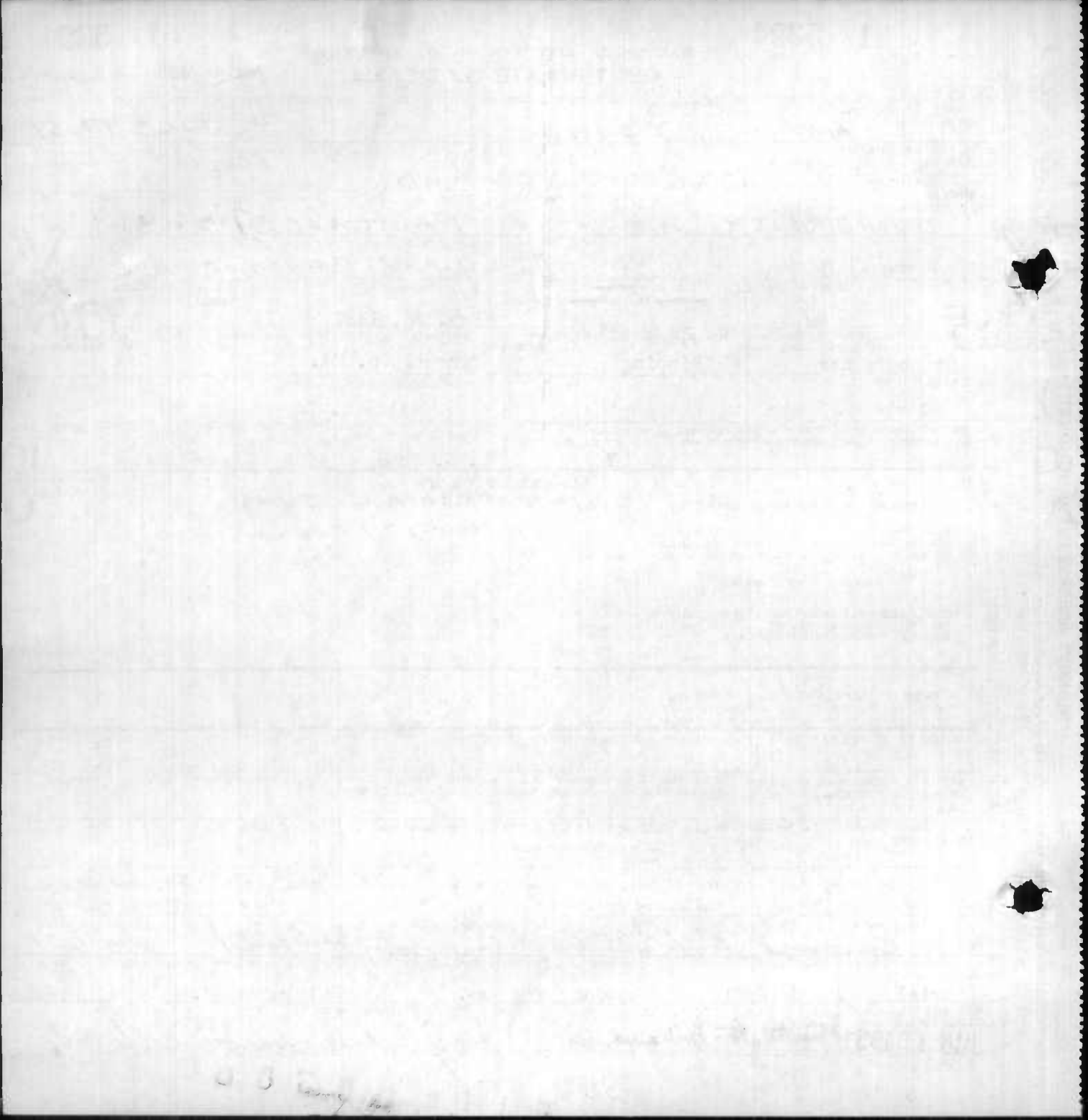
ADDRESS

Wm. J. Tucker - Son Inc Balto Md

JUN 18 1951

VS 150

350 550005386 0546



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

E. 363 51 5395

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5395
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GERTRUDE G. ETHERIDGE			2. DATE OF DEATH June 16, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2607 N. Charles St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION DO			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-06		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2607 N. Charles St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 4, 1886		9. AGE (In years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Home		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ? Sheffer			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mr. Raymond Etheridge Sr. 2607 N. Charles		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Dis DUE TO (Pulmonary edema)			INTERVAL BETWEEN ONSET AND DEATH 15 min + (30 min)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebrovascular accident			8 1/2
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 1947 to 16 June, 1951 , that I last saw the deceased alive on 6 June, 1951 , and that death occurred at 8 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 2020 N. Charles St	23C. DATE SIGNED 16 June 51
24A. BURIAL, CREMATION, REMOVAL (Specify) Entombed	24B. DATE 6/19/51	24C. NAME OF CEMETERY OR CREMATORY Lorraine Mausoleum	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1951		REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR ADDRESS Am. J. Tickner Sons Inc. Balt. Md

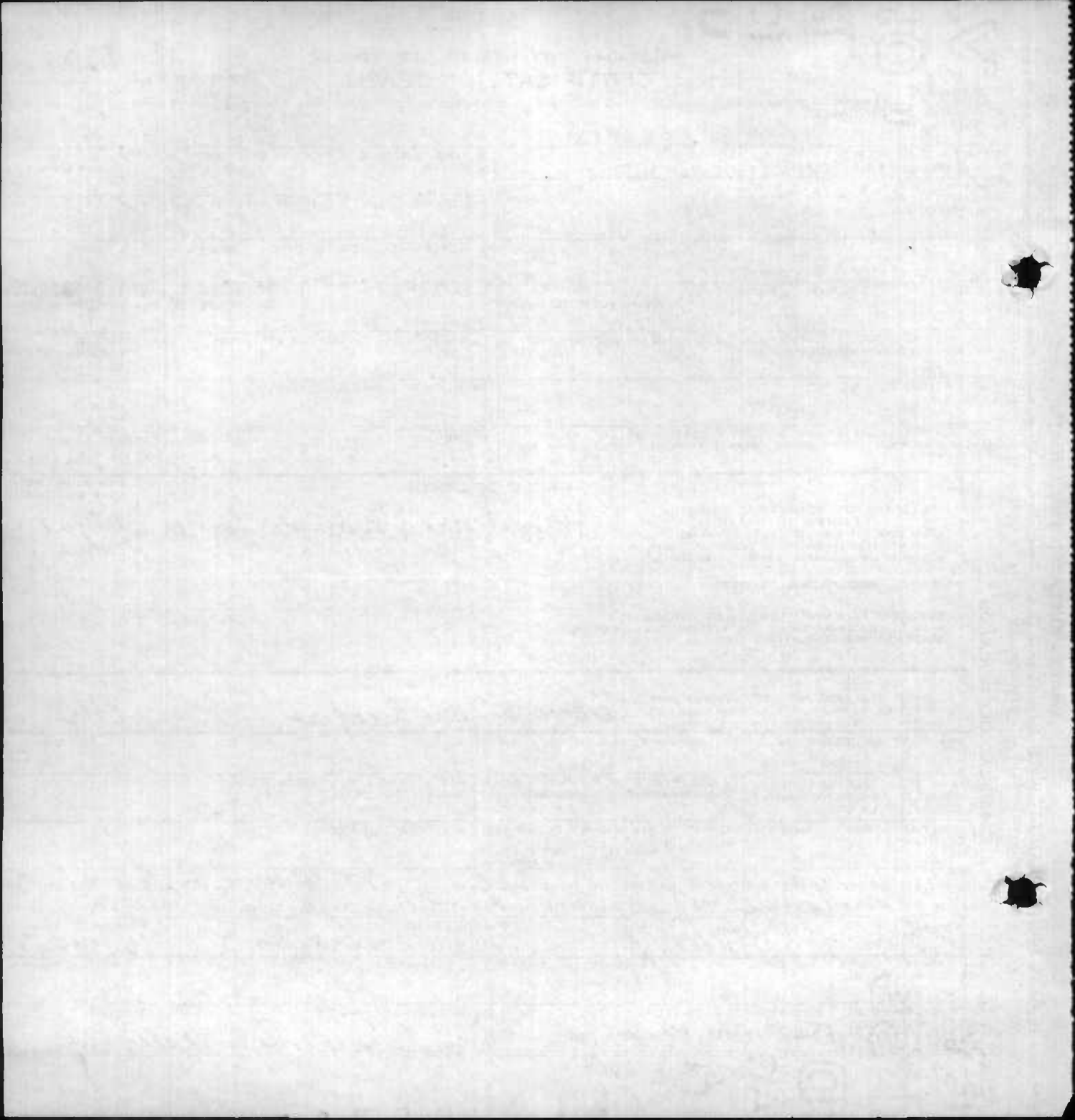
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MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION



166 51 5396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5396
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROLAND EUGENE SPURRIER

2. DATE
OF
DEATH

6-15-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City, MD USA*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*SOUTH BALTO GEN. HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write LURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4408 Springdale Ave.

c. Length of stay in Baltimore

*55 yrs -*Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, MARRIED, ☒ WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*July 19, 1895*9. AGE (in years
last birthday)*55*If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Editorial Dept*10B. KIND OF BUSINESS OR
INDUSTRY*Newspaper*

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles G. Spurrier

14. MOTHER'S MAIDEN NAME

*Margaret Clemm*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. Mary Spurrier - 4408 Springdale Ave.*18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-13*, 1957, to *6-15*, 1957, that I last saw the
deceased alive on *6-15*, 1957, and that death occurred at *7:30 P* m., from the causes and on the date stated above.

23A. SIGNATURE

D. C. D. Quirino

M. D.

23B. ADDRESS

5364 1213 LION ST

23C. DATE SIGNED

*6-15-57*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

6/19/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*JUN 18 1957*

REGISTRAR'S SIGNATURE

Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Ticker & Sons

ADDRESS

VS 150

036 4/10 00 8932 Balto., Md.

WATER

STATION

1000

1000

1000

1000

1000

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Oscar Hare

2. DATE
OF
DEATH

16th,
June 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Md. General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1823 Linden Ave.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

11/13/1917

9. AGE (In years
last birthday)

35

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Welder

10B. KIND OF BUSINESS OR INDUSTRY

Shipyard

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

J.C. Hare

14. MOTHER'S MAIDEN NAME

Maggie Peirce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

II

16. SOCIAL SECURITY NO.

229-10-1671

17. INFORMANT

ADDRESS

Mrs. J.R. Murphy Norfolk Va.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Stab wound Left chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Involving Heart with Left Hemothorax

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William J. Dicmer

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
June 12 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6/18/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Norfolk, Va.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 18 1951

REGISTRAR'S SIGNATURE

William J. Dicmer

25. FUNERAL DIRECTOR

William J. Dicmer

ADDRESS

V S 151

1-861.2

685 3U

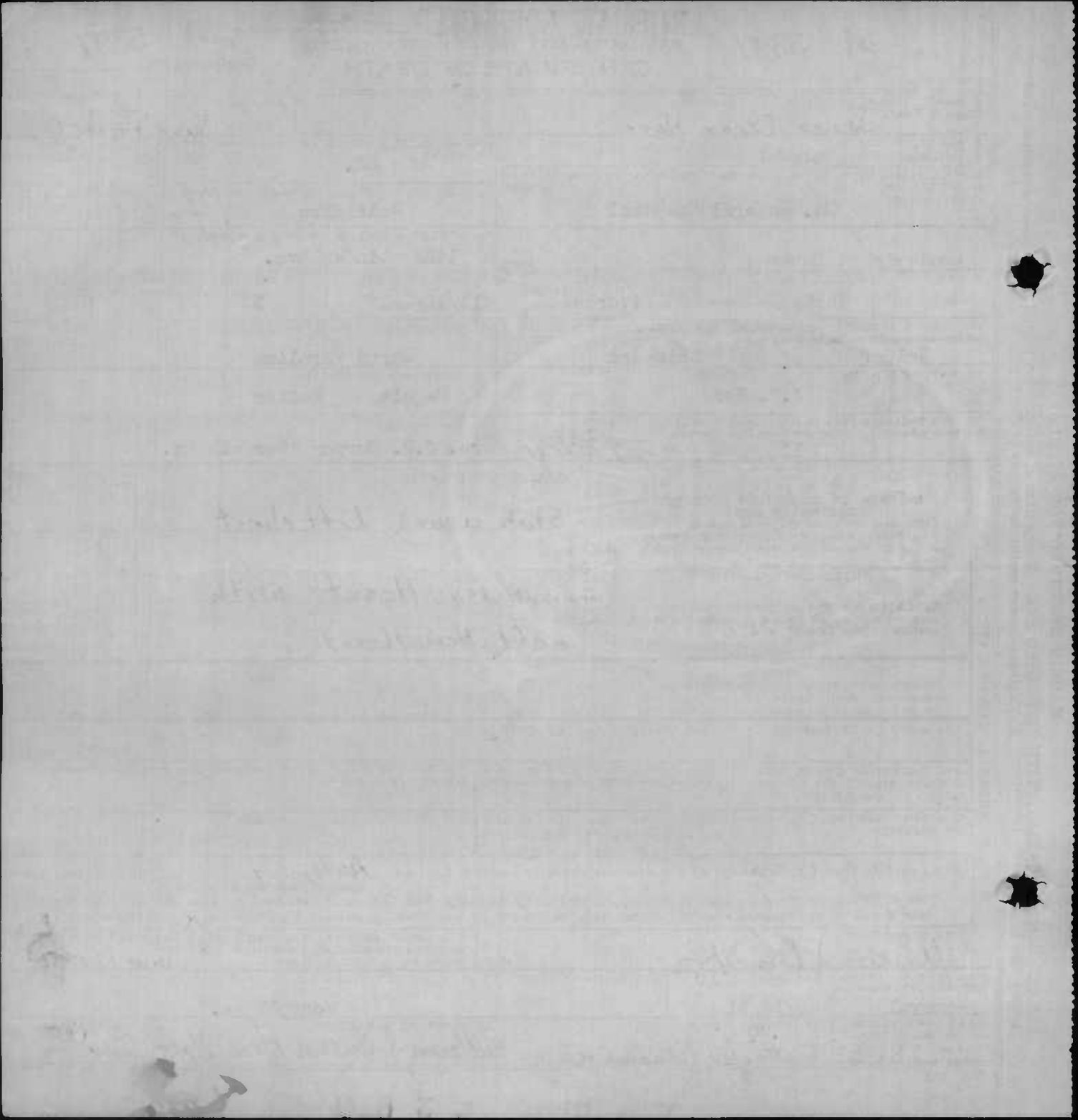
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✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



500 51 5398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5398

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GOLDIE QUEEN

2. DATE
OF
DEATH

6-13-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

University Hosp.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

19-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

514 N. Mount

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12/25/1903

9. AGE (In years
last birthday)

47

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10b. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Wright

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Genevieve Queen (D) 514 N. Mount St.

18.

420.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute pulmonary edema
coronary occlusionINTERVAL BETWEEN
ONSET AND DEATH

3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ HOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 6-13-51 to 6-13-51, that I last saw the
deceased alive on 6-13-51, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Arbutus K. Spens

M. D.

23b. ADDRESS

University Hosp.

23c. DATE SIGNED

6-13-51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

6/18/51

Arbutus Mem'l. Pk.

Balto. County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 18 1951

Huntington Williams, M.D.

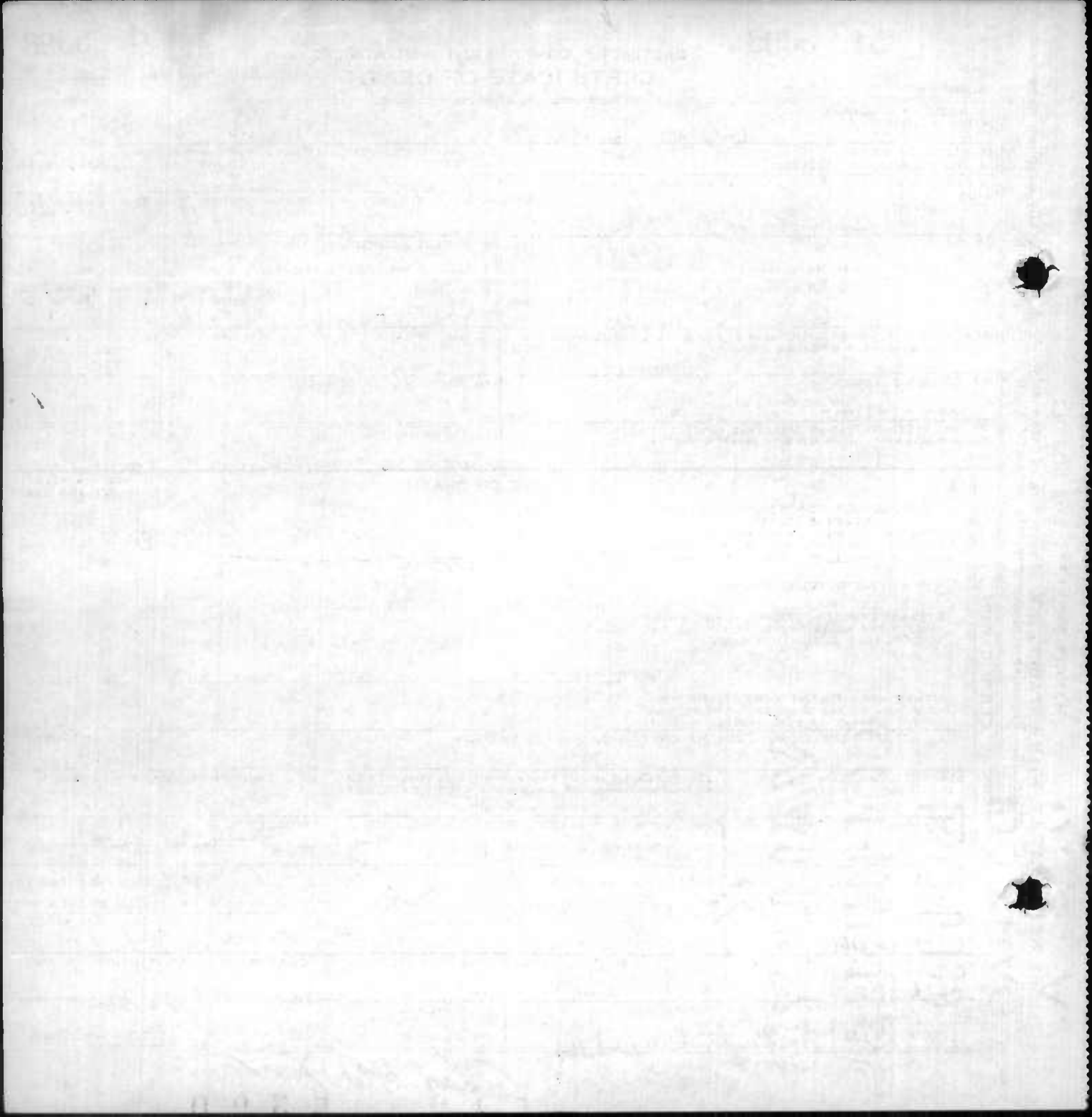
Chas. G. Cooper-512 Carrollton Ave

VS 150

7208A

Chas. G. Cooper

094a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Goralski, Ethel Marie

2. DATE
OF
DEATH

June 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2242 Cambridge St.

c. Length of stay in Baltimore

2 da.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

Single

11. BIRTHPLACE (State or foreign country)

June 15, 1951

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Stanley Goralski

14. MOTHER'S MAIDEN NAME

Ethel Eva

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

762.5 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1951, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. May

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

June 17, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 18 1951

Frederick Williams, M.D.

Fred M. Ozogowski

1938 Eastman

666

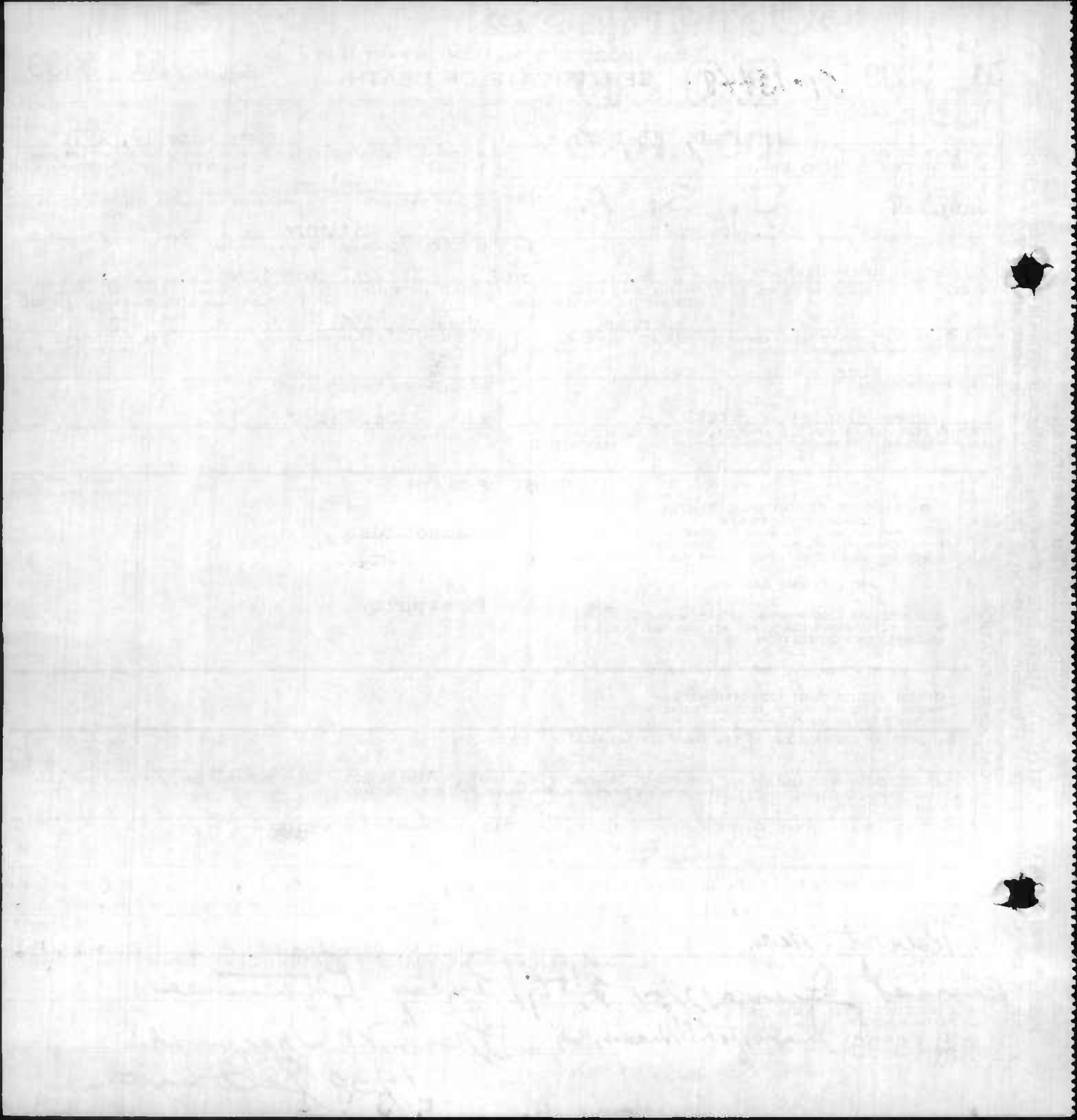
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51-13448

642

VS 150

MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MANNIE ADLER

2. DATE
OF
DEATH

6-18-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

918 Whitelock St

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 13-01

D. STREET ADDRESS (If rural, give location)

918 Whitelock St

c. Length of stay in Baltimore

50

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years, last birthday)

76

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jesse

14. MOTHER'S MAIDEN NAME

Riska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Leah Adler - Same

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

coronary sclerosis

II

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1946 to 6-17th, 1951, that I last saw the deceased alive on 6-17th, 1951, and that death occurred at 3 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Harold H. Bix

M. D.

23B. ADDRESS

2516 Linton Ave

23C. DATE SIGNED

June 18th 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-18-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc 2100 Eutaw Pl

VS 150

510005392

094a

or
Buf
Georgian Court
Harden + ~~W. H. H.~~
Brooks Lane

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 5401

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Mannel

2. DATE
OF
DEATH

6-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Jenkins Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write full name of township)

2543 Eastern Ave. 1-03

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed.

8. DATE OF BIRTH

9-14-86

9. AGE (In years
last birthday)

64 yrs.

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Mayer

14. MOTHER'S MAIDEN NAME

Johanna Zwickel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marie Liesberg

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1/30, 1952, to 6/16, 1951, that I last saw the
deceased alive on 6/15, 1951, and that death occurred at 9:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

John E. Healy

M.O.

23B. ADDRESS

103 S. Wolfe Street

23C. DATE SIGNED

6/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-27-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler, Inc. 403 S. Wolfe Street

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

200 51 5402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5402

Registered No. _____

BIRTH NO. *N.R.*

1. NAME OF DECEASED (Type or Print) RICHARD F. DEKAY		2. DATE OF DEATH JUNE 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland HLH-4E		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE VIRGINIA B. COUNTY V-43	
B. FULL NAME OF (If not in hospital or institution, give street address or location) THE JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ARLINGTON	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 855 S. FREDERICK ST	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 1-23-51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Pa	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Richard F De Kay		14. MOTHER'S MAIDEN NAME Jacquelyn Porter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. THE JOHNS HOPKINS HOSPITAL	

18. 756.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Biliary Atresia - Intra-Hepatic DUE TO (B) Kernicterus DUE TO (C) Peritonitis + uremia	INTERVAL BETWEEN ONSET AND DEATH
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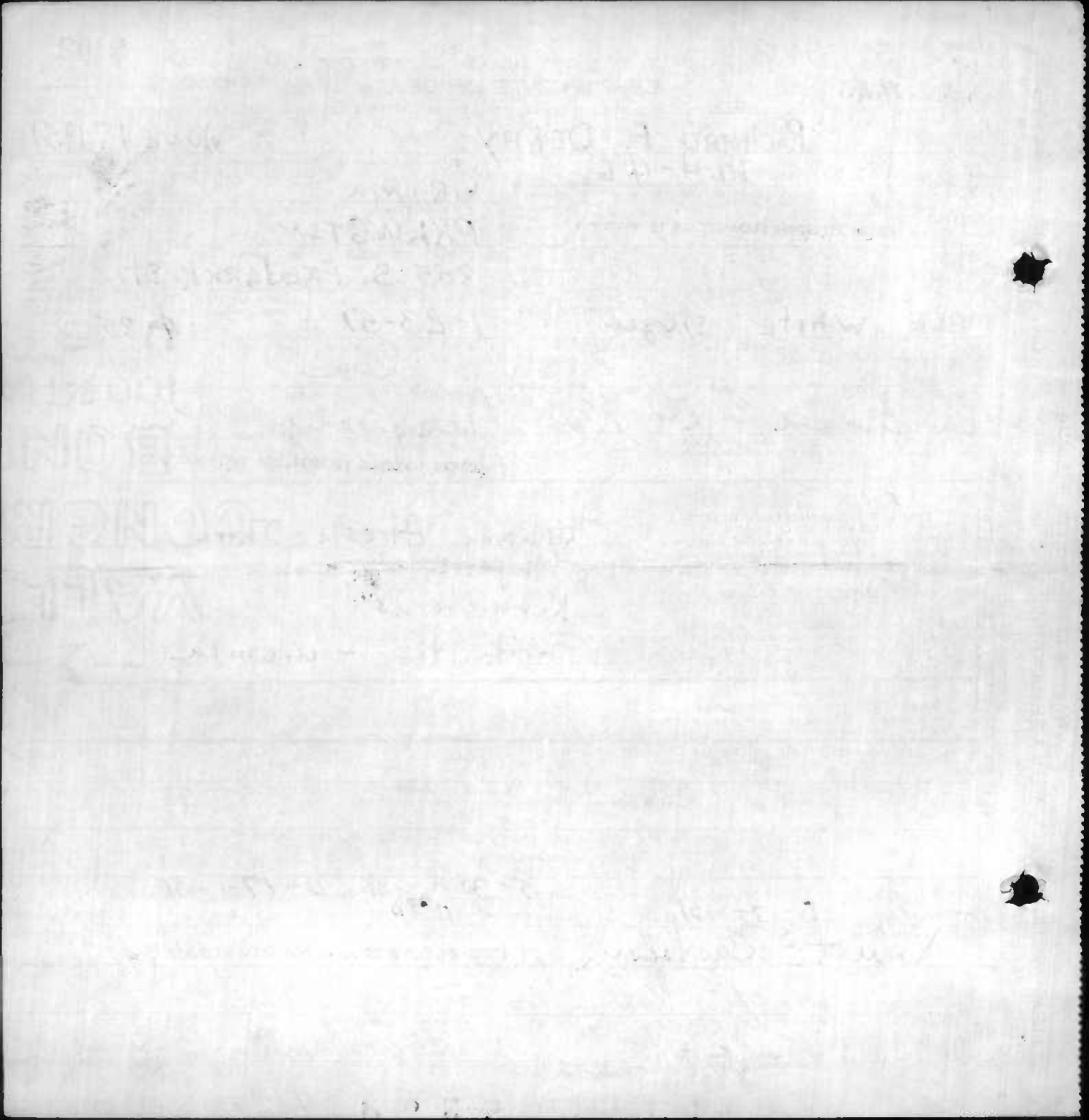
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
---	--

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-30-1951**, to **6-17-1951**, that I last saw the deceased alive on **6-17-1951**, and that death occurred at **11:30 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Robert E. Gustafson	M. D.	23B. ADDRESS THE JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 6/17/51
--	-------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/20/51	24C. NAME OF CEMETERY OR CREMATORY Arlington National	24D. LOCATION (City, town, or county) (State) Arlington, Va
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR Wentler Funeral Home - Wash, D.C.	



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 5403**

BIRTH NO. **51 5403**

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Lillian Clarette Keller		June 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2802 Loudon Ave.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 66- Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2802 Loudon Ave.,	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 1, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME David W. Downey		14. MOTHER'S MAIDEN NAME Laura Virginia Urie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Grover P. Keller		ADDRESS 2802 Loudon Ave.,	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Aortic aneurysm Ruptured DUE TO Hypertensive. Cerebral vascular Disease Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 1, 1950, to June 17, 1951, that I last saw the deceased alive on June 7, 1951, and that death occurred at 630 AM, from the causes and on the date stated above.			
23A. SIGNATURE J. H. Strong		23B. ADDRESS 3033 W. North Ave.	
23C. DATE SIGNED 6/18/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-20-1951	
24C. NAME OF CEMETERY OR CREMATORY Lorraine Park		24D. LOCATION (City, town, or county) (State) Woodlawn Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1951		25. FUNERAL DIRECTOR G. Howard Strong 3207 W. North Ave.,	

COPIES OF
THE
FEDERAL
RECORDS
ACT



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

5404

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George H. Miller, Sr.

2. DATE
OF
DEATH

June 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution:

A. STATE

B. COUNTY

Md.

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

3205 Grayson St.,

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (if rural, give location)

3205 Grayson St.,

c. Length of stay in Baltimore

54- Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 1, 1897

9. AGE (In years
last birthday)

54

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Union Trust Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Miller

14. MOTHER'S MAIDEN NAME

Mary Warrington

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-10-1336

17. INFORMANT

ADDRESS

Mrs. Germaine M. Miller 3205 Grayson St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

23C. DATE SIGNED

June 17, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-20-1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 18 1951

REGISTRAR'S SIGNATURE

Warrington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

VS 151

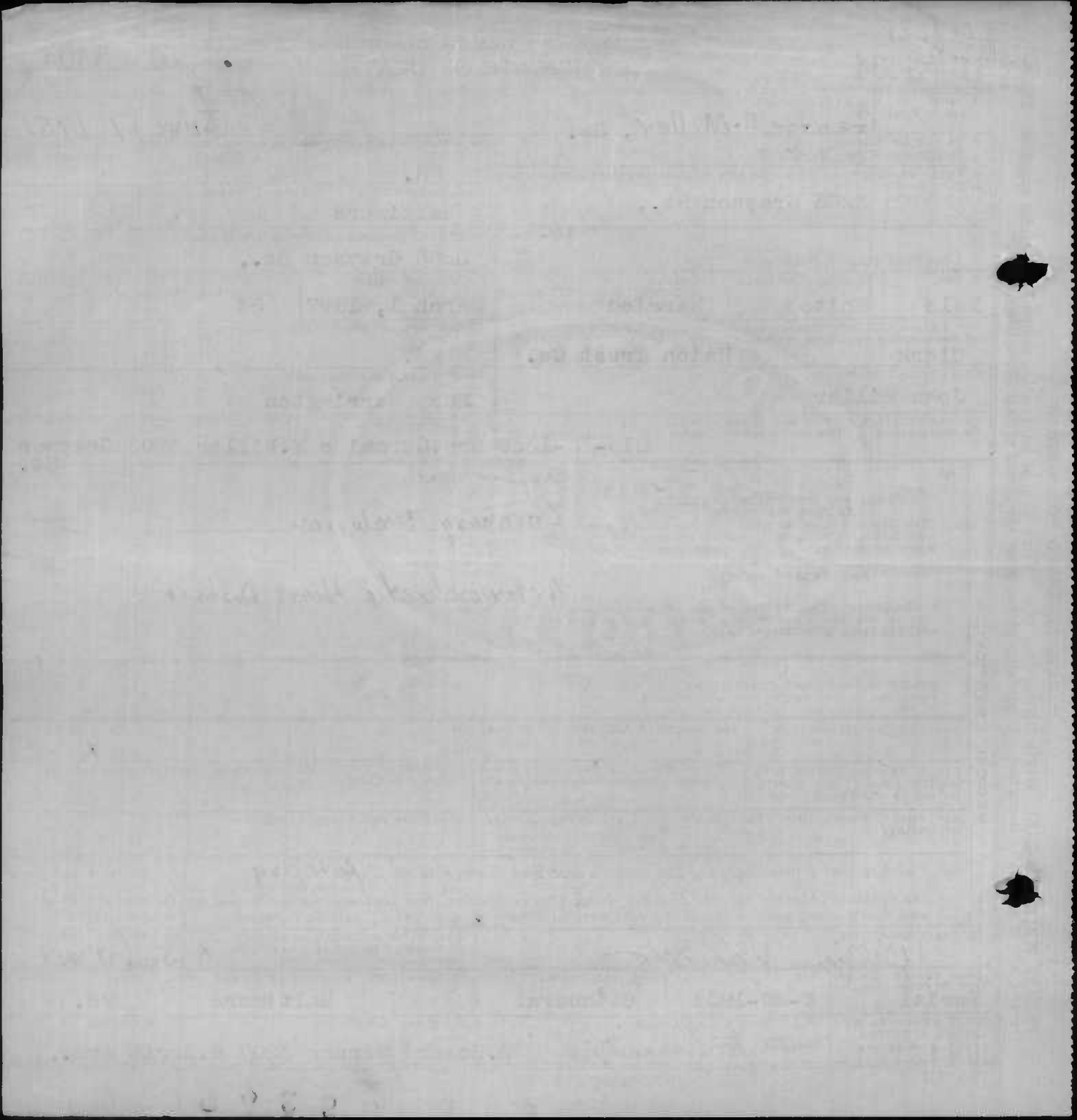
390 71

53 696 d

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5405**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John William Marr

2. DATE

OF DEATH **June 16, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION

3728 Manchester Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3728 Manchester Avenue

c. Length of stay in Baltimore

45 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 9, 1878

9. AGE (In years, last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Overseer

10B. KIND OF BUSINESS OR INDUSTRY

Cotton Mill

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

John W. Marr

14. MOTHER'S MAIDEN NAME

Susan Ellen Hutchins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-01-0728

17. INFORMANT

ADDRESS

Mrs. Vera Marr 3728 Manchester Avenue

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Dilatation of Heart

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Myo - Carditis

years

(C) DUE TO

Hypertension Inter - Renal

years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 1941, to June 16, 1951, that I last saw the deceased alive on June 16, 1951, and that death occurred at 7:20 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert M. Foster

23B. ADDRESS

2828 St. Paul St

23C. DATE SIGNED

June 16, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 19, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUN 18 1951

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

VS 150

5234E 093d Horace F. Burgee

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

K-525
51 5406BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5406
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

M.

Miss Bertha Knickman

2. DATE
OF
DEATH

6/16/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

918 Gorsuch Ave. #18

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

MAR. 27-1878

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

HENRY KNICKMAN

14. MOTHER'S MAIDEN NAME

EMMA WOL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHArteriosclerotic cardiovascular
renal disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Venous stasis of legs due to pressure

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1918 GORSUCH AVE

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

6/12/51

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

SHE FELL AS SHE GOT OUT OF BED

22. I hereby certify that, I attended the deceased from 6/14/51, 19, to 6/16/51, 19, that I last saw the
deceased alive on 6/15/51, 19, and that death occurred at 4:10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Thaddens Szwinski

M. D.

23B. ADDRESS

St. Joseph's Hosp.

23C. DATE SIGNED

6/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-18-51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

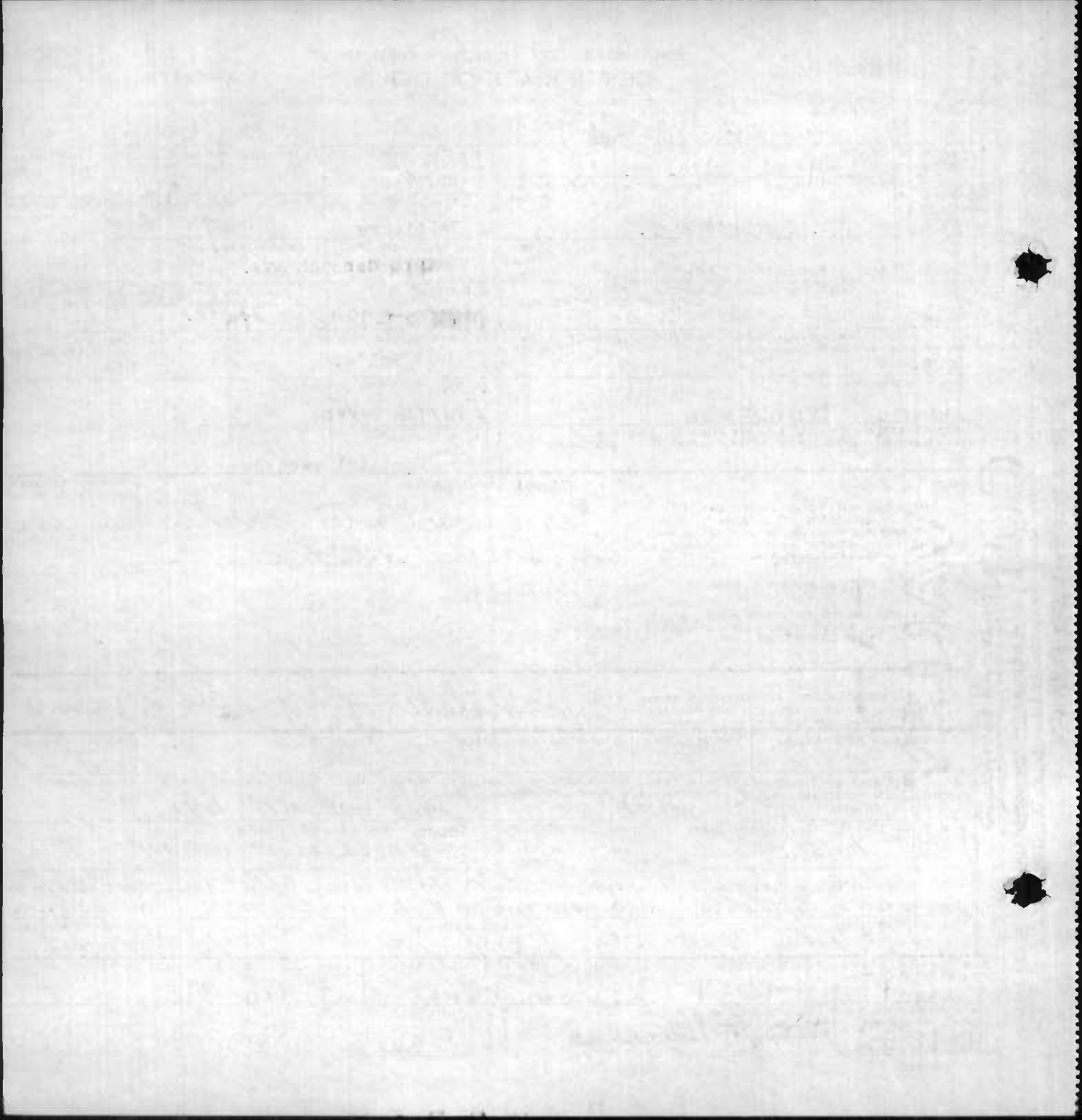
5305 Hartford Rd

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 5407

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elbert Ryne

2. DATE
OF
DEATH

6/16/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

4116 Glen Arm Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/15/18 89

9. AGE (In years
last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Supervisor - Transp.

10B. KIND OF BUSINESS OR
INDUSTRY

R. Exp. Agency

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Ryne

14. MOTHER'S MAIDEN NAME

Sadie Pickett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Maud M. Ryne - 4116 Glen Arm

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive

DUE TO Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Abdominal Hemorrhage

19A. DATE OF OPERATION

5/18/51

19B. MAJOR FINDINGS OF OPERATION

Subcapsular Hemorrhage of Liver

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1951, to 6/16, 1951, that I last saw the
deceased alive on 6/16, 1951, and that death occurred at 10³⁰ p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward M. Relok

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

6/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-21-51

24C. NAME OF CEMETERY OR CREMATORY

Hillcrest Cem.

24D. LOCATION (City, town, or county)

Cumberland Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUN 18 1951

L. J. Ruck

25. FUNERAL DIRECTOR

ADDRESS

L. J. Ruck 5305 NORTON RD

10-11-1941

10-11-1941

10-11-1941

10-11-1941

10-11-1941

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10-11-1941

10-11-1941

10-11-1941

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 5408

BIRTH NO. 51 5408

1. NAME OF DECEASED
(Type or Print)

Grover F. Shiflett

2. DATE OF DEATH

17 June 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2901 Hawkins Point Rd.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

4/5/88

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Wrecking Co. America

11. BIRTHPLACE (State or foreign country)

VIETNAM

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James Shiflett

14. MOTHER'S MAIDEN NAME

Mary A. McCauley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Ruby F. Shiflett 2901 Hawkins Pt. Road

18.

151X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of Stomach

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6-12 m.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Heart failure following tobl
2 obstructive

19A. DATE OF OPERATION

15 June 1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Stomach

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1 June, 1951, to 17 June, 1951, that I last saw the deceased alive on 17 June, 1951, and that death occurred at 9¹⁵ P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Lacy Morrow

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

6/17/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/21/51

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 18 1951

REGISTRAR'S SIGNATURE

Wm. T. Williams, Jr.

25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul St.

ADDRESS

STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents, that _____ of the County of _____ State of _____ do hereby certify that _____ of the County of _____ State of _____ was born on _____ day of _____ 19____ at _____ Texas.

Witness my hand and seal of office this _____ day of _____ 19____.

County Clerk

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

Notary Public

D-9100
5409BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5409

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clara M. Day

2. DATE
OF
DEATH

6/16/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or
location)

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1912 East 31st St # 18

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

September 27, 1875

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Irvin Davidson

14. MOTHER'S MAIDEN NAME

Lucinda K. Hovey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anna L. Shaffer 301 Puddington Rd.

18.

57012

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Mesenteric infarction

DUE TO

?

ANTECEDENT CAUSES

(B) Mesenteric embolism

DUE TO

?

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) Auricular fibrillation

DUE TO

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Generalized Arteriosclerosis
Thrombosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6/14 1951, to 6/16 1951, that I last saw the
deceased alive on 6/16 1951, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

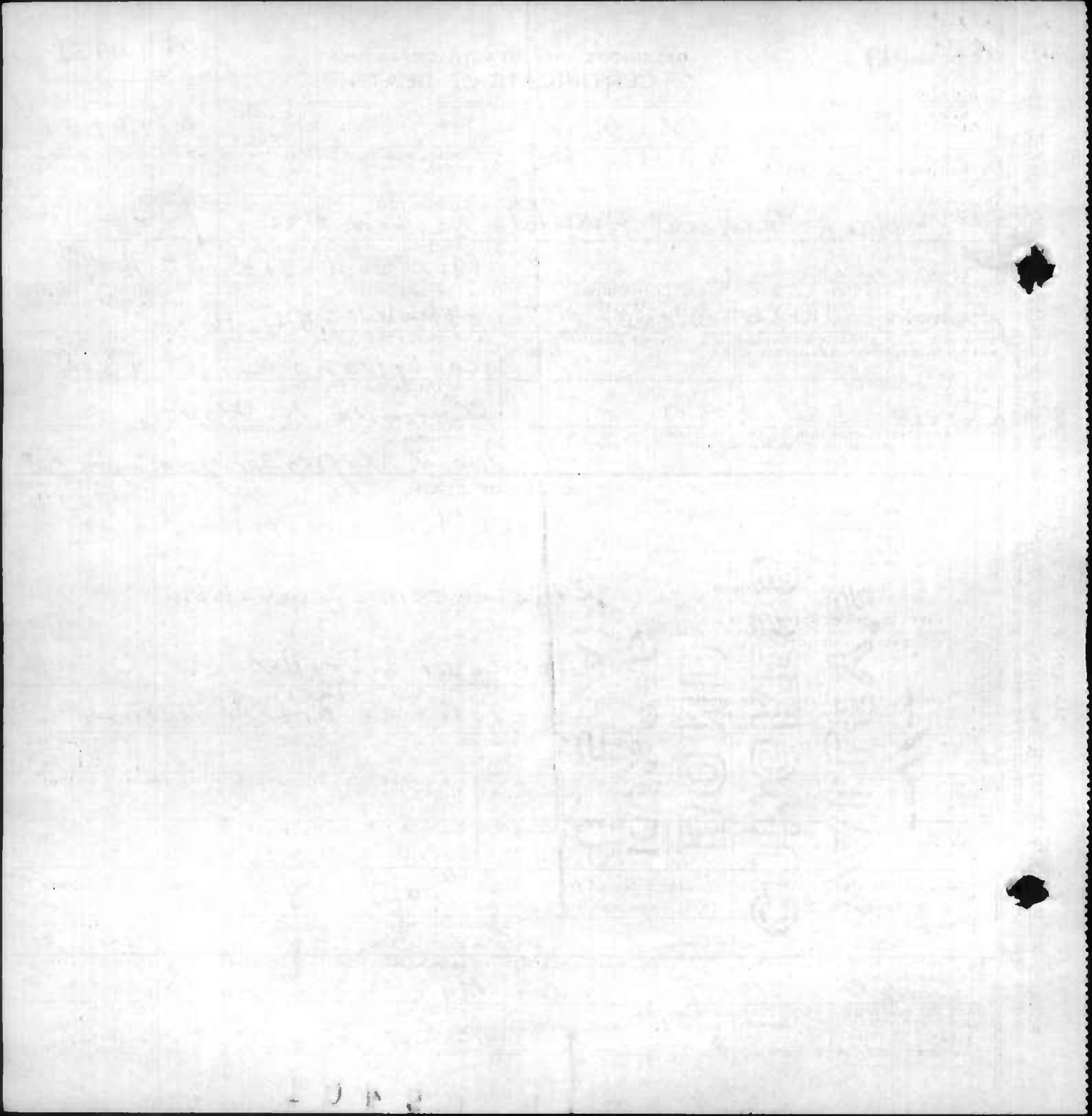
JUN 18 1951

Wm. Cook Inc. 1217 St. Paul St.

Wm. Cook Inc. 1217 St. Paul St.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

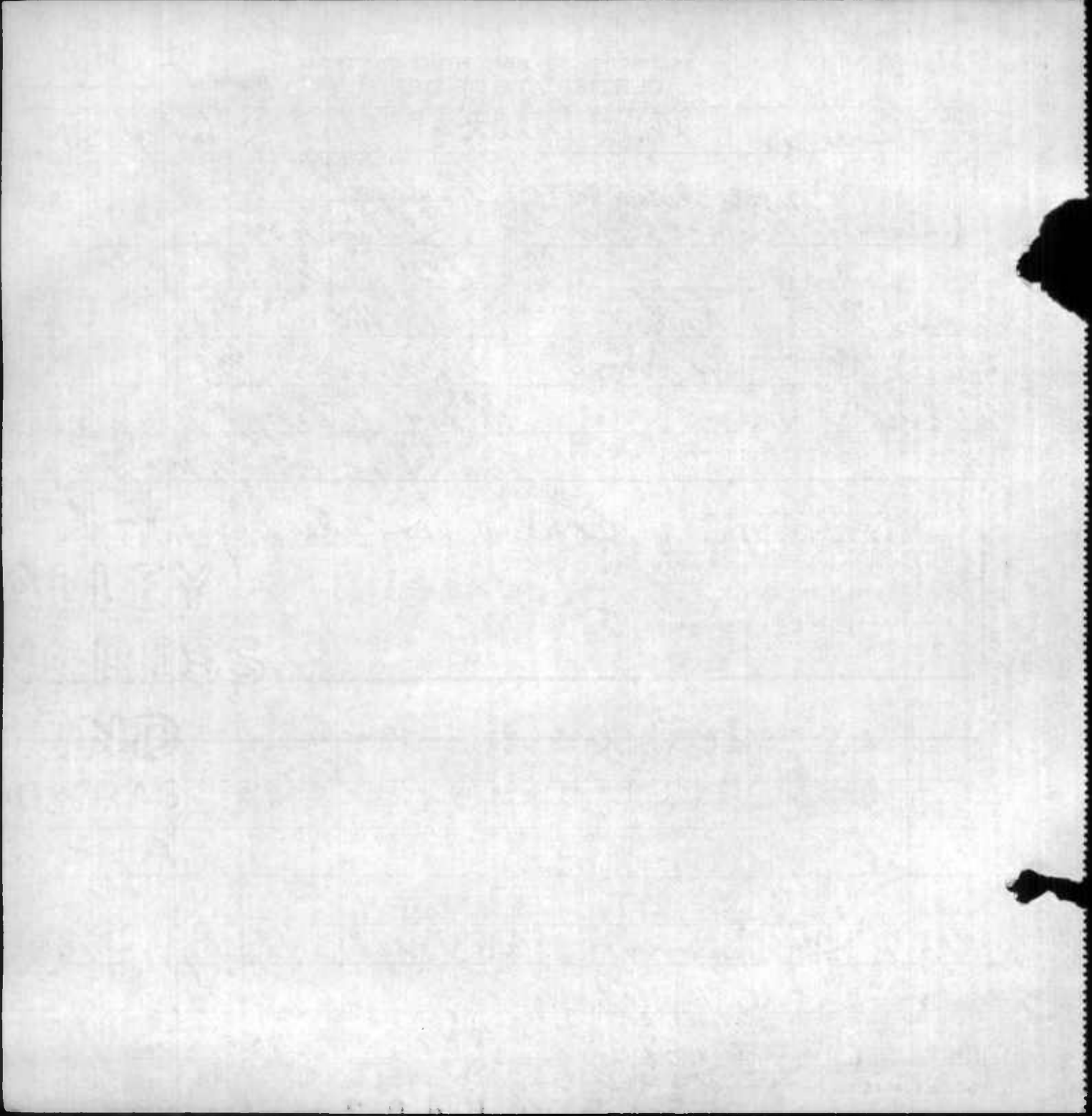


W 300
51 5410BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5410
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Emma M. Wade		2. DATE OF DEATH 6/16/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Colonel Nursing Home		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore 16-06			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2801 W Mosher St			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 13, 1865	9. AGE (In years last birthday) 86	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Annapolis Md	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Michael Jones		14. MOTHER'S MAIDEN NAME Mary Stallings	
15. HAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Hansel R. Hump, 1190 Mosher St	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio Vascular Degeneration?		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 P.m., from the causes and on the date stated above.					
23A. SIGNATURE J. R. Johnson		23B. ADDRESS 403 Medart Bldg		23C. DATE SIGNED 6/18/51	
24A. BURIAL CREMA- TION, REMOVAL (Specify)		24B. DATE 6/20/51		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) (State) Baltimore City					
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1951		REGISTRAR'S SIGNATURE W. Williams		25. FUNERAL DIRECTOR J. H. McNeil	
ADDRESS 1214 ST Paul St					
Institution Case treated by Dr. Nolan 092d					

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5411

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LOUISE ZIEDLER

2. DATE
OF
DEATH

6/17/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6240 Belair Road #6

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

3/5/65

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

A. Ziegler

14. MOTHER'S MAIDEN NAME

Dorothy Stiepel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alexander Balica, 6240 Belair Rd.

18. 491X and E903.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Broncho pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Sathochantive fracture, left femur

DUE TO

(C)

CERTIFICATION APPROVED BY

J. B. Fisher

M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6/1/51

19B. MAJOR FINDINGS OF OPERATION

Same

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

6240 Belair Rd.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

5-30-51

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

fell in house Slipped and fell
on floor22. I hereby certify that I attended the deceased from 5/30 1951, to 6/17 1951, that I last saw the
deceased alive on 6/17 1951, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Warren A. Coburn, Jr.

M. D.

23B. ADDRESS

Maryland General Hosp.

23C. DATE SIGNED

6/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/20/51

24C. NAME OF CEMETERY OR CREMATORY

Trinity Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 18 1951

REGISTRAR'S SIGNATURE

W. H. Williams, Jr.

25. FUNERAL DIRECTOR

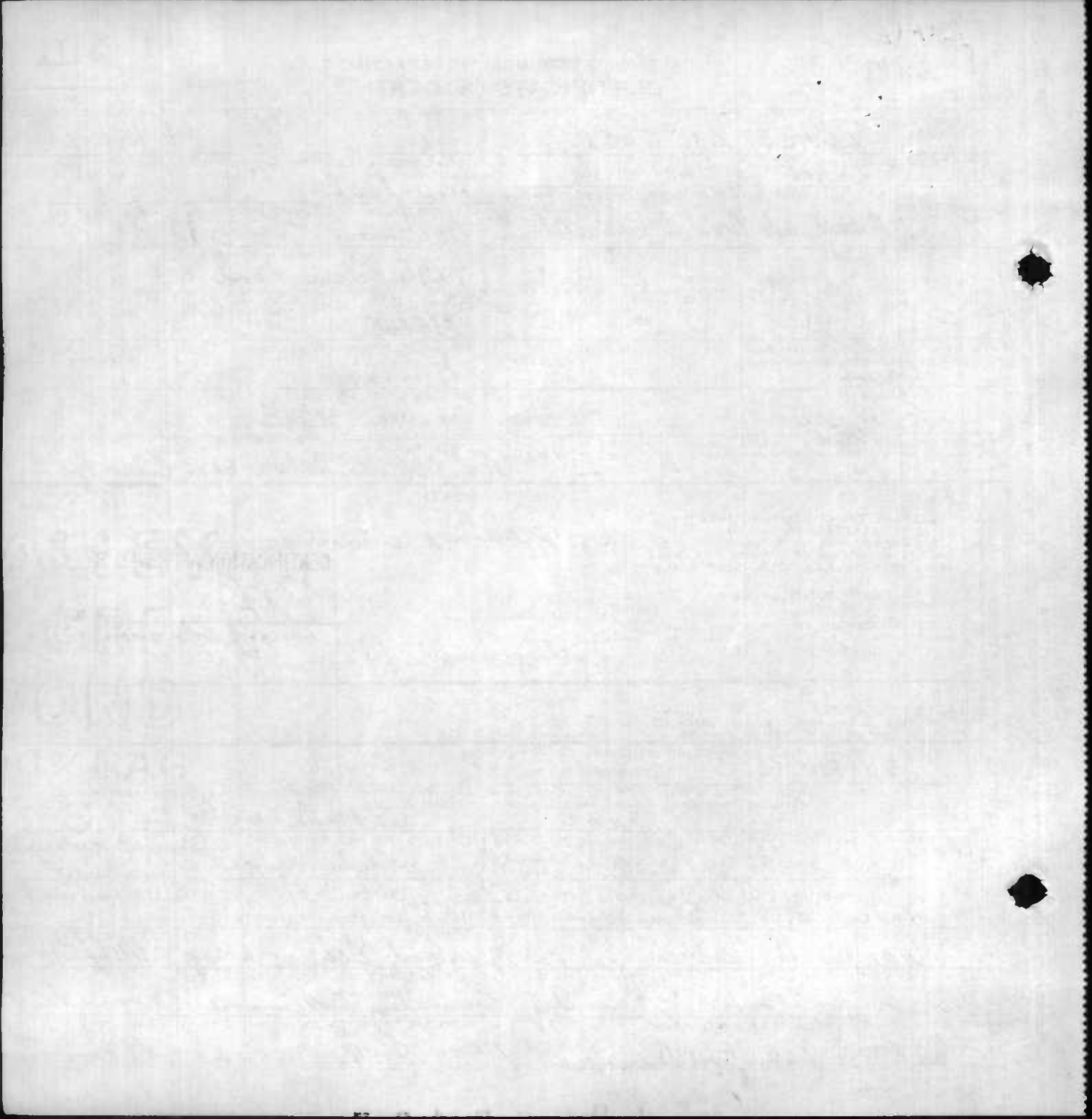
H. M. Cook, Inc. 1217 St. Paul St.

ADDRESS

VS. 150

N-821.0

186.2



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

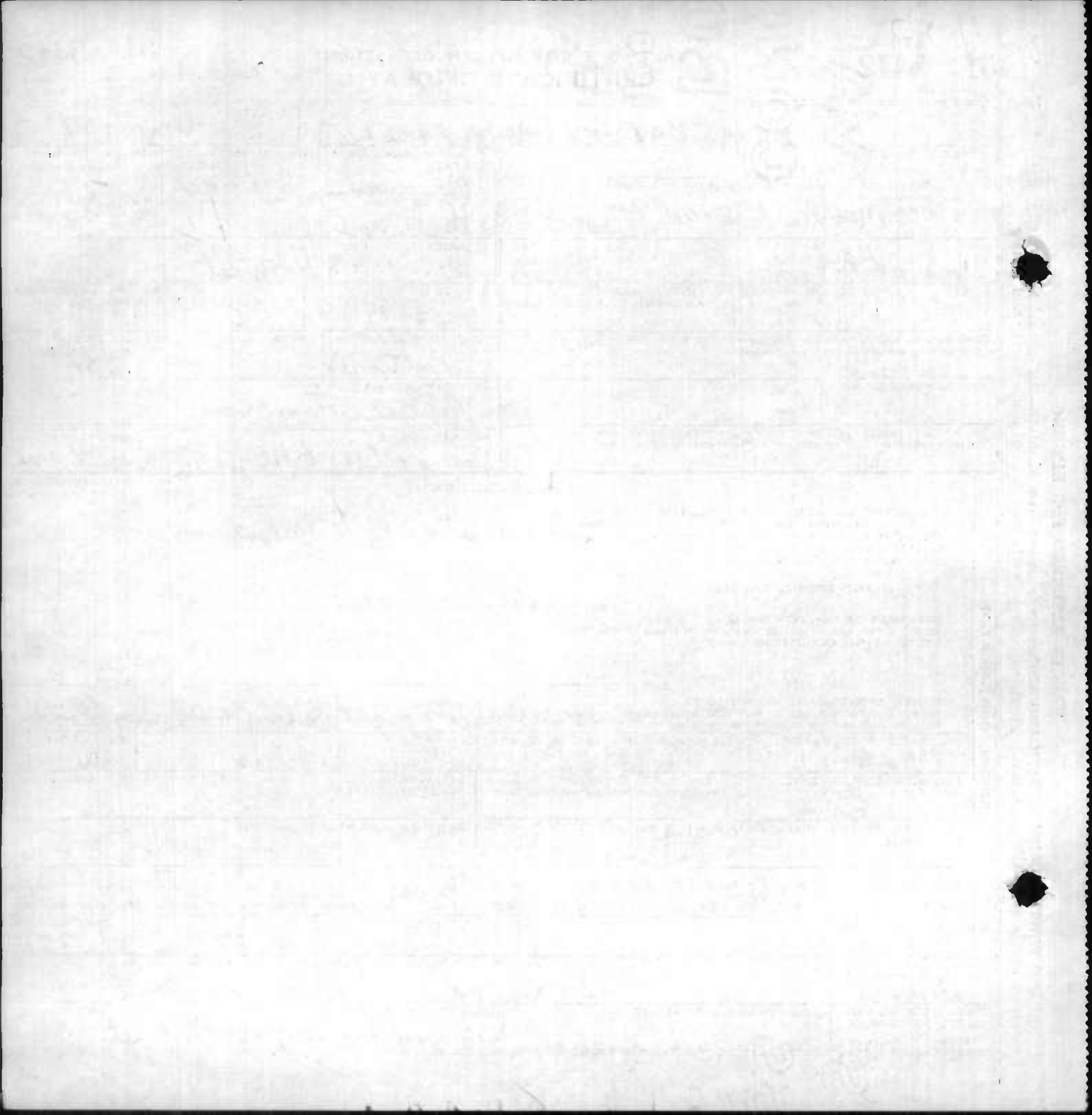
Registered No. 51 5412

BIRTH NO. 51 5412		1. NAME OF DECEASED (Type or Print) MAMIE M. BAILEY (MARY PAMELIA)		2. DATE OF DEATH 6-16-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hosp.		C. CITY OF TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03			
c. Length of stay in Baltimore Lifetime		D. STREET ADDRESS (If rural, give location) 348 E. 28th Street			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 6-15-1868	9. AGE (In years last birthday) 83	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME John Lake		14. MOTHER'S MAIDEN NAME Rebecca Thompson		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Jesse J. & Cass Bailey, 2527 Garrett Ave	
18. 422.1 and 180X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Degeneration of myocardium			
ANTECEDENT CAUSES		(B) Arteriosclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Carcinoma of right kidney + urinary bladder			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 4-25-51		19B. MAJOR FINDINGS OF OPERATION Neoplasm of urinary bladder		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-30 , 19 51 , to 6-16 , 19 51 , that I last saw the deceased alive on 6-16 , 19 51 , and that death occurred at 8:50 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Walter A. Clohessy Jr.		23B. ADDRESS M. D. Maryland Genl. Hosp.		23C. DATE SIGNED 6/17/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/20/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Parkville Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS Wm. CoK Inc. 1217 St. Paul St.	

JUN 18 1951

VS 150

052a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5413

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARILYN

STATON

2. DATE
OF

DEATH June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY X

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1320 Shellbank Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-32

D. STREET ADDRESS (If rural, give location)

1320 Shellbank Rd.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 24 1951

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

21

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John McGee

14. MOTHER'S MAIDEN NAME

Mary Staton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Staton 1320 Shellbank Rd.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aspiration of vomitus

DUE TO

ANTECEDENT CAUSES

(B) Otitis media

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?1320 Shellbank Rd.
Aspiration of vomitus

21D. TIME (Month) (Day) (Year) (Hour)

June 14, 1951 ? A m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
June 14, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/18/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

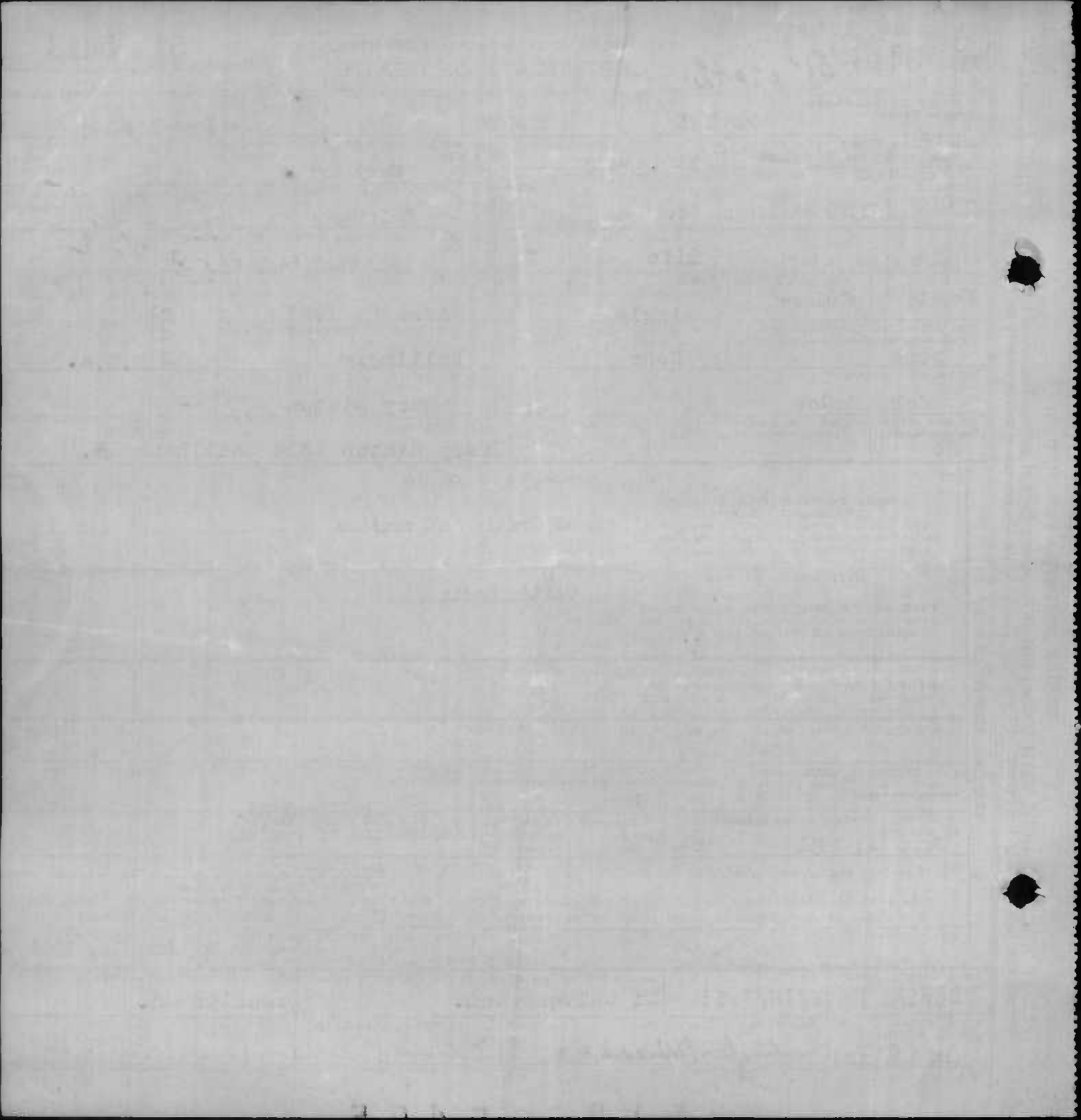
25. FUNERAL DIRECTOR

ADDRESS

E. Hugo Williams, 1100 Beatty and
1828 ✓

VS 151

N-933.9 0510005405



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5414

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE

JENKINS

2. DATE
OF DEATH June 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1015 Edmondson Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1015 Edmondson Avenue

c. Length of stay in Baltimore

25 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July-9-1890

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR
INDUSTRY

Water Front

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ben Jenkins

14. MOTHER'S MAIDEN NAME

Caroline Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jane Jenkins 1015 Edmondson Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

RS Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

6-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/18/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Arburn Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

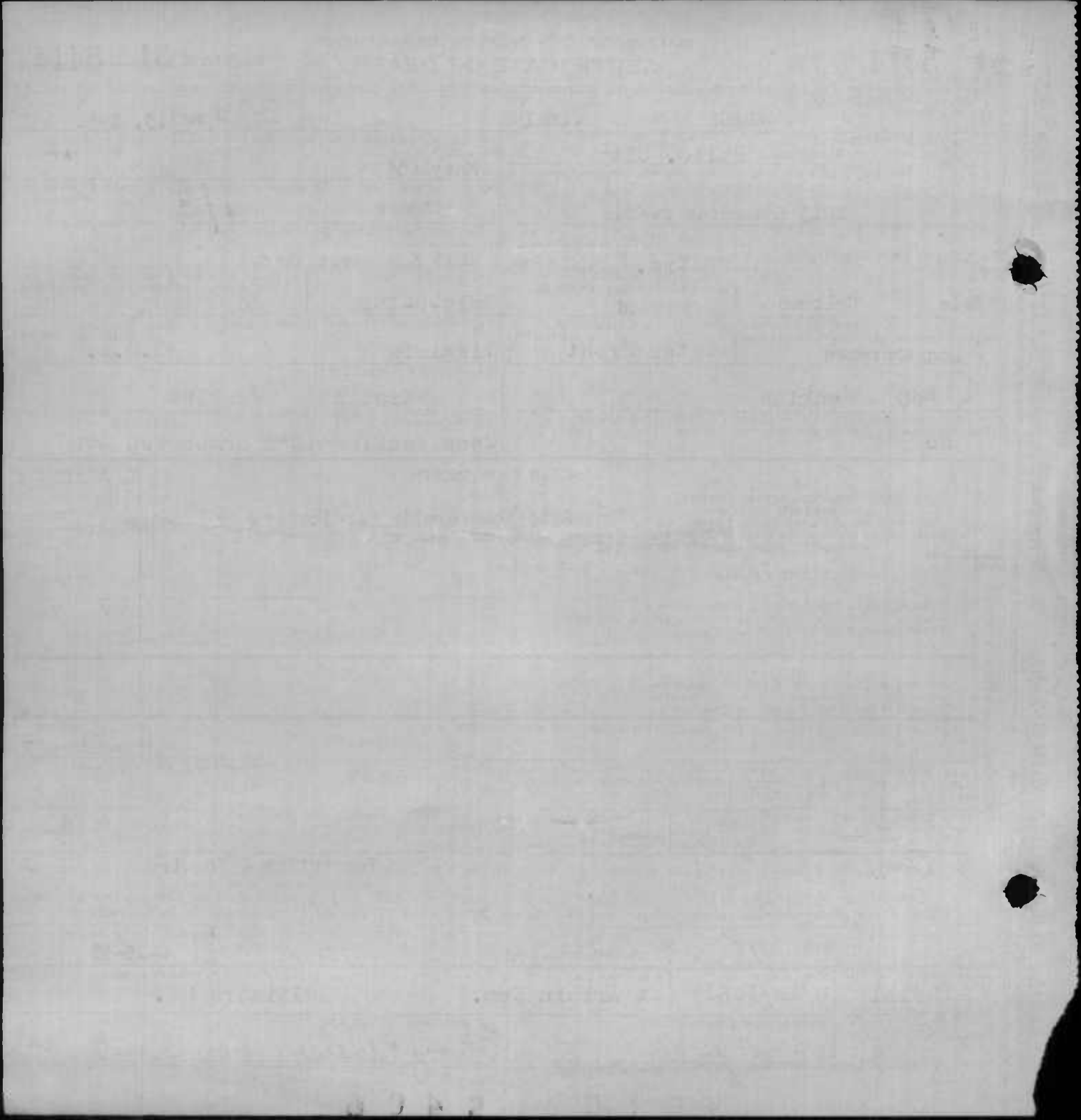
JUN 18 1951

E. W. Wilson 1000 Broadway Ave

VS 151

949 55 406

093d



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 5415

51 5415
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Clive Marie Thomas</u>			2. DATE OF DEATH <u>6-17-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>CITY</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>25-34</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>1307 Slater Road.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore, md.</u>		
c. Length of stay in Baltimore Yrs. <u>41</u> Mos. <u>4</u> Days <u>1</u>			D. STREET ADDRESS (If rural, give location) <u>1307 Slater Road.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, <u>DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>Sept. 26, 1908</u>	9. AGE (In years, last birthday) <u>42 yrs 3 9</u>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>			11. BIRTHPLACE (State or foreign country) <u>md.</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Daniel Thomas</u>			14. MOTHER'S MAIDEN NAME <u>Artie (Uda)</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>—</u>		
17. INFORMANT <u>Anna Taylor</u>			ADDRESS <u>1307 Slater Rd.</u>		

18. <u>42.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <u>Sudden.</u>
(A) <u>Cerebral Accident</u> DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B) <u>Arteriosclerotic Heart Disease</u> DUE TO			
(C) <u>Cardio-Renal Syndrome.</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

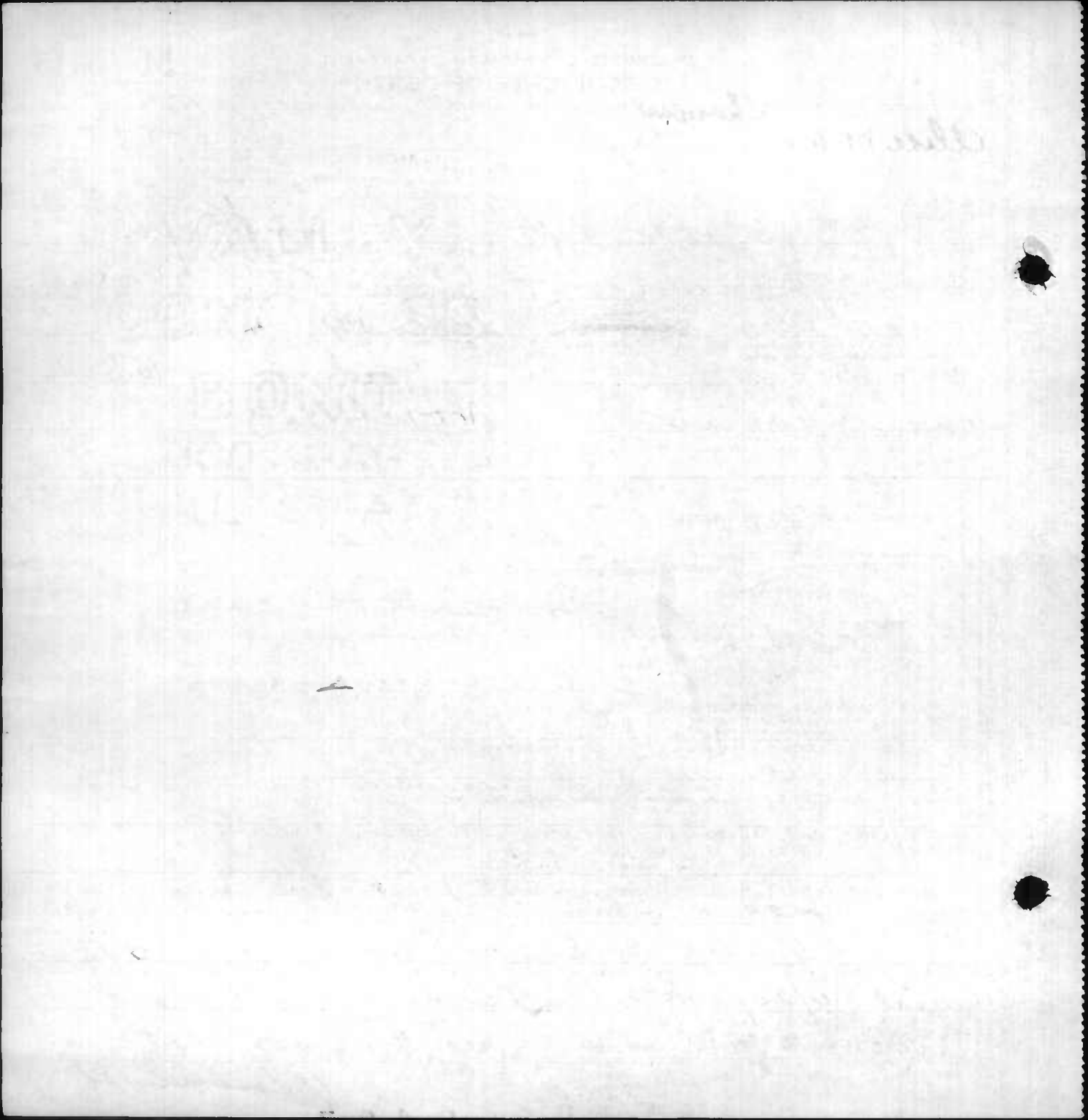
22. I hereby certify that I attended the deceased from Sept, 1950, to June 16, 1951, that I last saw the deceased alive on June 16, 1951, and that death occurred at 1:40 pm from the causes and on the date stated above.

23A. SIGNATURE <u>J. M. G. Luck</u> M. D.	23B. ADDRESS <u>427 Swale Ave</u>	23C. DATE SIGNED <u>6-17-51</u>
---	-----------------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>6/20/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt Auburn</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 18 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. J. Williams, M.D.</u>	25 FUNERAL DIRECTOR <u>Geo. H. Nelson</u>	ADDRESS <u>1312 Presman St</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

7-23-51

Registered No. **51 5416**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MARTHA TAYLOR**2. DATE
OF
DEATH**June 18, 1951**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland** B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR **University** location)
INSTITUTION **Mercy Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

c. Length of stay in Baltimore

?Yrs.
Mos.
Days

D. STREET ADDRESS (if rural, give location)

312 N. Greene St.

5. SEX

Female

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**M**

8. DATE OF BIRTH

2/26/19099. AGE (In years
last birthday)**42**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**H. Wife**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. C.12. CITIZEN OF
WHAT COUNTRY?**U. S. A.**

13. FATHER'S NAME

Mack Phillips

14. MOTHER'S MAIDEN NAME

Mary Woodard15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)**no**

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.**none**

17. INFORMANT

ADDRESS

Marvin Taylor 317 N. Green St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Hypertensive Cardiovascular Disease

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsacker

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 18, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

6/20/51

24C. NAME OF CEMETERY OR CREMATORY

Farmville N. C.

24D. LOCATION (City, town, or county)

Farmville, N. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**JUN 18 1951**

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

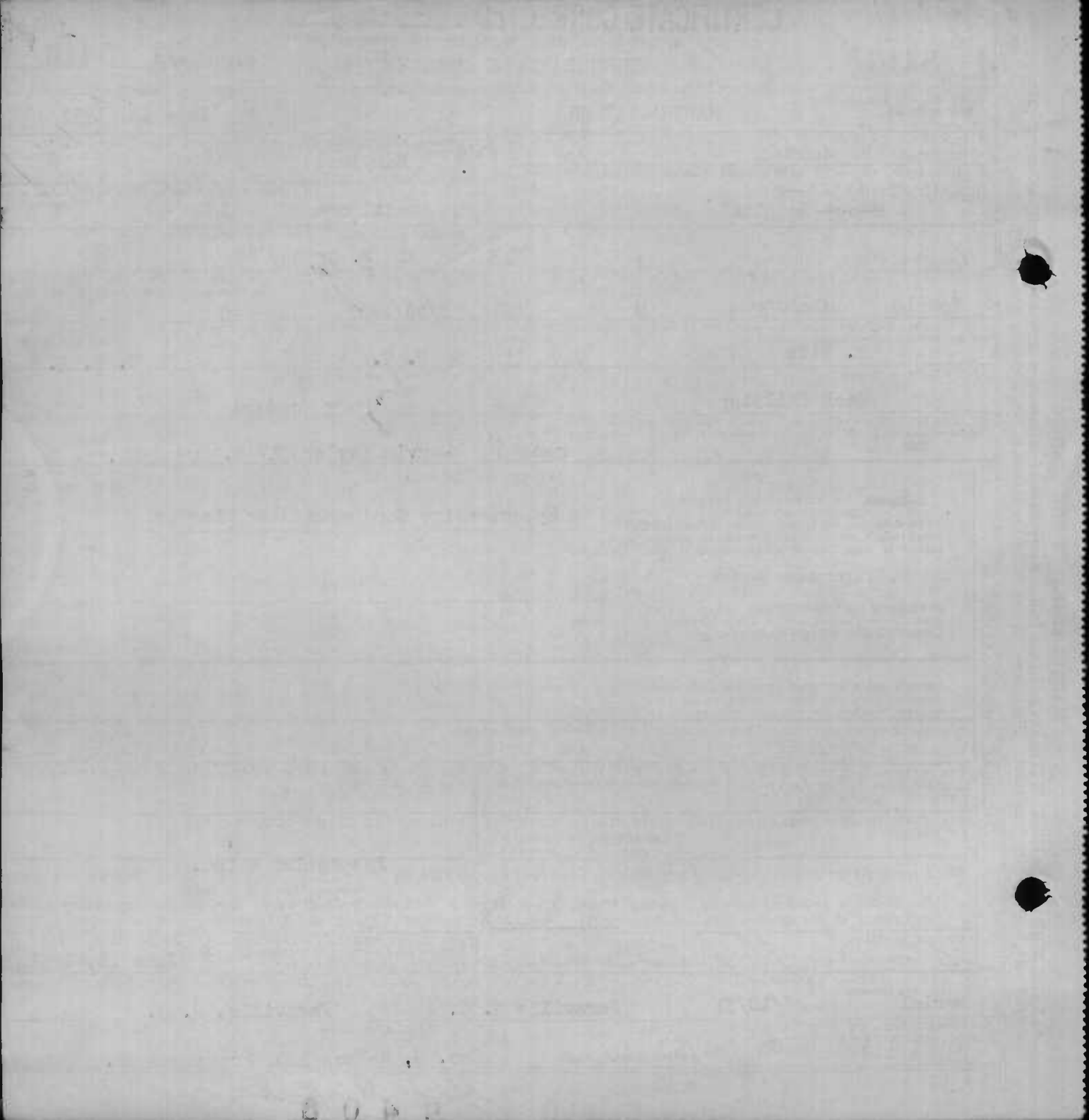
25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

VS 151

Geo. G. Kelson



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5417

1. PLACE OF DEATH:

(a) Baltimore City, Maryland
(b) Street address. 2407 Hait ave.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Md (b) County
(c) City or town. Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 Hait ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3 (a) FULL NAME

Francis paczkowski or. pasaluk.

3 (b) If veteran, name war 3 (c) Social Security Account No. 218-05-7132

4. Sex Female 5. Color or race White 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband Casimir 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1891

8. AGE: Years 59 Months Days If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Langrall & Bros Inc CANNED FRUITS

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant Mary Walters

(b) Address 2407 Hait ave

17 (a) Burial (b) Date thereof June 21, 1957 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or place of interment St Stanislaus Location Baltimore Md

18 (a) Funeral director George Q Weber

(b) Address 705 S. Chin St

JUN 18 1951 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1957, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19, 50, to June 18, 19, 51, and that I last saw him alive on June 17, 19, 51.

Immediate cause of death Central hemorrhage Cardiac muscle renal disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature George D. Lefsky M. D. Address 406 S. Patterson Pl. B. Date signed 6/18/57

Duration

1 day

3 yrs +

PHYSICIAN

Underline the cause to which death should be charged statistically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5418

51 5418
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Carrie Elizabeth Kinard</u>		2. DATE OF DEATH <u>6-16-51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>City</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>412 Swale Ave</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>25-32</u>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>412 Swale Ave</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>Dec. 26, 1890</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chef Cook</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <u>60</u>
11. BIRTHPLACE (State or foreign country) <u>Union Co. N.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Rev. Samuel William Hampton</u>		14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Lovett</u> ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Gladys Tyler</u>		ADDRESS <u>Same</u>	

18. <u>470.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CAUSE OF DEATH <u>Lobar Pneumonia</u> (A)	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	(B) <u>Arterio Sclerotic Heart Disease</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO	(C) <u>Cerebral Accident</u>	<u>8 years</u>

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1951, to June 16, 1951, that I last saw the deceased alive on June 15, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE <u>Emily L. Luck</u> M. D.	23B. ADDRESS <u>412 Swale Ave</u>	23C. DATE SIGNED <u>6-16-51</u>
---	--------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>June 20, 1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Arbutus Memorial Park Arbutus, Md.</u>	24D. LOCATION (City, town, or county) (State) <u>Arbutus, Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 18 1951</u>	REGISTRAR'S SIGNATURE <u>Thurston Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Joseph L. Rues</u>	ADDRESS <u>1200 McCulloch St.</u>

WALLS

BRIDGE

THE

BRIDGE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5419

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Brex, Hilda Marie

2. DATE OF DEATH June 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

U.S. Marine Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md.

B. COUNTY

73-00 Worcester

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Berlin Md.

D. STREET ADDRESS (If rural, give location)

Rt 2

C. Length of stay in Baltimore

3 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 25, 1890

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.Y.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Andersen - Norway

14. MOTHER'S MAIÖEN NAME

Emmy Freburg - Sweden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unk

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

18.

584X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia and infarction of right kidney

INTERVAL BETWEEN ONSET AND DEATH

less than 2 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) thrombophlebitis of Inf Vena Cava & Rt. Iliac Vein
(C) Cholecystectomy

" "

2 mo

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2 mo ago

19B. MAJOR FINDINGS OF OPERATION

cholelithiasis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1951, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 3 A.m., from the causes and on the date stated above.

23A. SIGNATURE

John S. Benson

23B. ADDRESS

U.S. Marine Hospital

23C. DATE SIGNED

6-17-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 19, 1951

24C. NAME OF CEMETERY OR CREMATORY

Evergreen

24D. LOCATION (City, town, or county)

Berlin

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

ADDRESS

M B Mitchell

U.S. Marine Hospital

United States

none

Chelonia

April 17, 1917

U.S. Marine Hospital

India

U.S. Marine Hospital

H 452
5420

50-18692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5420

BIRTH NO.		
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH
SAMUEL J. HOLMES		6/17/51
3. PLACE OF DEATH:		
A. Baltimore City, Maryland S.B.G.H.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		
S.B.G.H.		
c. Length of stay in Baltimore		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
M	W	S
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Charles H.		Frances I. Silvers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.
No		
17. INFORMANT		ADDRESS
Family - Same		

MEDICAL CERTIFICATION	18. 571.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) Route gastroenteritis		DUE TO		second day
	ANTECEDENT CAUSES		(B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
	(C)				
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Secondary anemia		
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	0				
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 14, 1951, to June 17, 1951, that I last saw the deceased alive on June 16, 1951, and that death occurred at 3:40 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Arthur del Campo		1213 Light St. Balto Md.		June 18, 51	
M. D.					
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
B		6/19/51		Cedar Hill	
				Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JUN 18 1951		Huntington Williams, M.D.		J. L. Curry - 130 E. Fort Ave.	
VS 150					

510005412

119a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

10-10-12

10/10/12

10/10/12

10/10/12

10/10/12

10/10/12

10/10/12

10/10/12

10/10/12

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10/10/12

10/10/12

10/10/12

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5421

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN D. DRENNER JR.

2. DATE
OF
DEATH

June 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write full name and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1801 Covington Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

12/9/1900

9. AGE (In years
last birthday)

50

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mach. Helper

10B. KIND OF BUSINESS OR
INDUSTRY

B & O R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John D. Sr.

14. MOTHER'S MAIDEN NAME

Mary A. Carroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

~~Myocardial~~

ANTECEDENT CAUSES

(B) Myocardial infarct

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 16, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

6/19/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. V. Smith

25. FUNERAL DIRECTOR

ADDRESS

James L. Casey

- 130 E. Fort Ave.

V S 151

690 50

094a

17/12/2020

Belgium

John A. Carroll

John T. Carroll

John T. Carroll

John T. Carroll

Belgium

Belgium

Belgium

John T. Carroll

John T. Carroll

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5422

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GAY Talley

2. DATE
OF
DEATH

JUN 18 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS

(If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years;
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6-15-, 1951, to 6-18-, 1951, that I last saw the
deceased alive on 6-18-, 1951, and that death occurred at 3:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

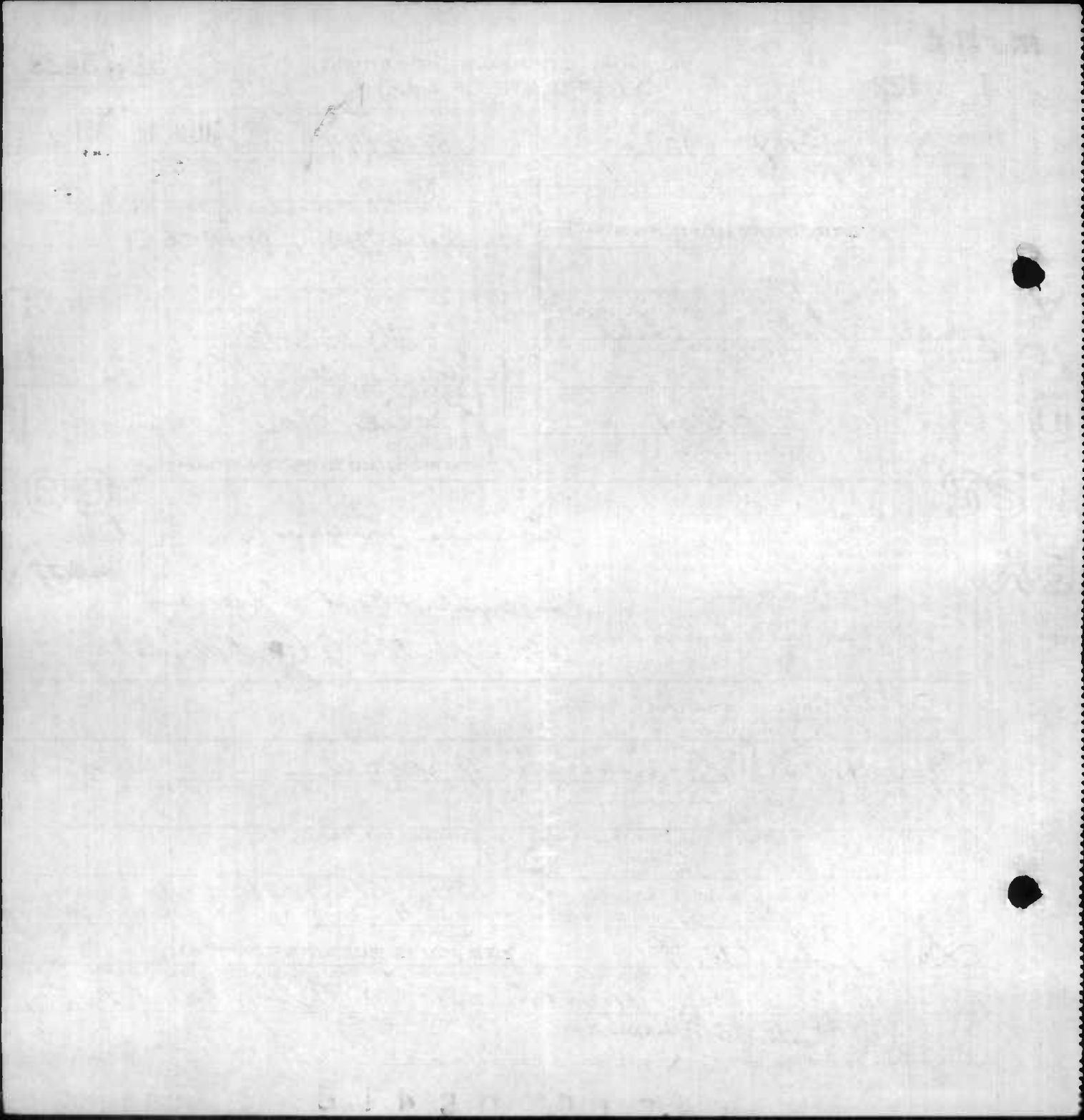
25. FUNERAL DIRECTOR

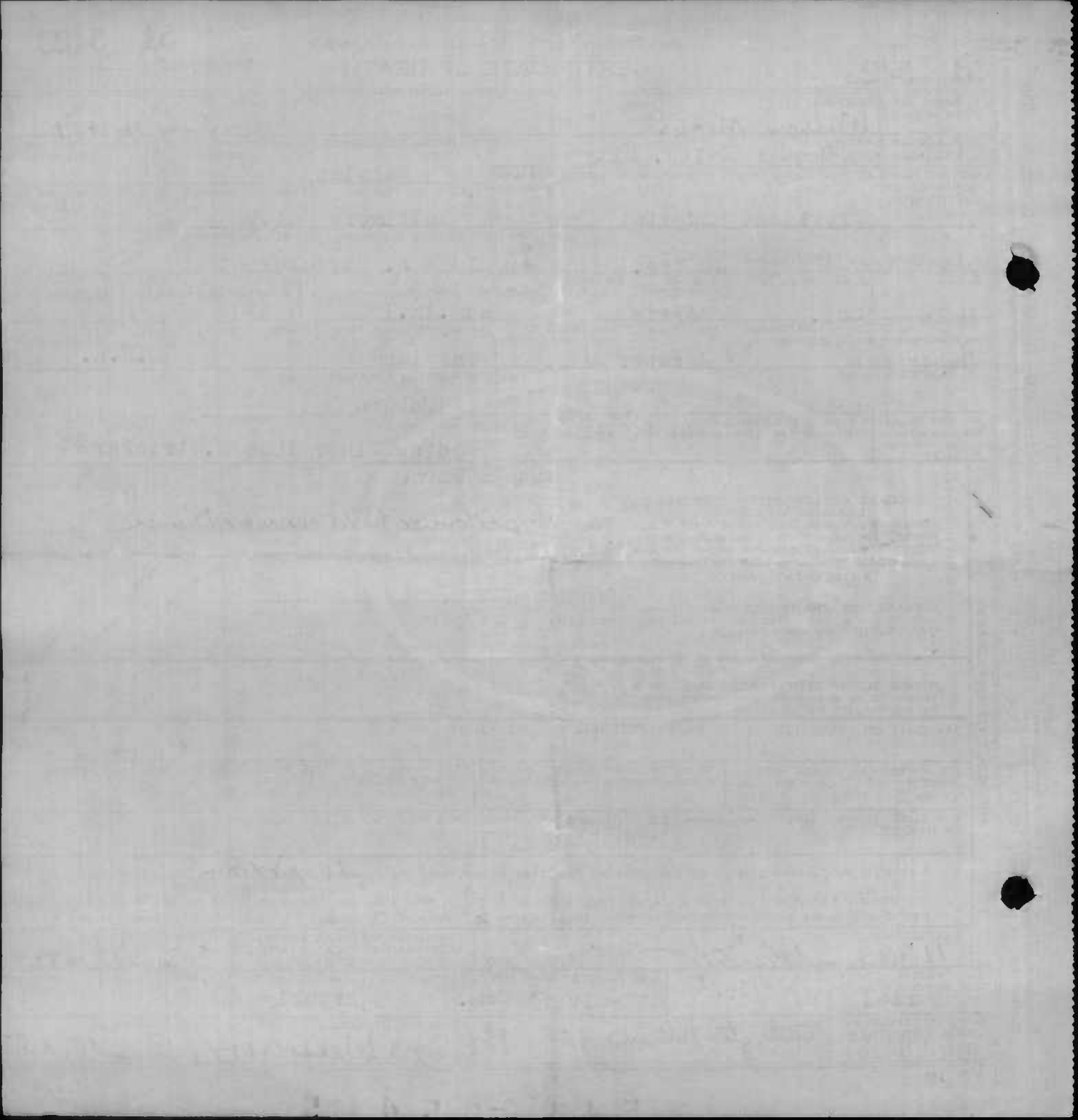
ADDRESS

JUN 18 1951

VS 150

9510005414-157e





BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 5424

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)ANN A CEPHALIS2. DATE
OF
DEATH6-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MD.B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

2037 W. LEXINGTON ST.BALTO.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2037 W. LEXINGTON ST.

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)WIDOW

8. DATE OF BIRTH

JULY 18749. AGE (in years,
last birthday)78If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)RET. HOUSEKEEPER10B. KIND OF BUSINESS OR
INDUSTRYHOME

11. BIRTHPLACE (State or foreign country)

POLAND12. CITIZEN OF
WHAT COUNTRY?USA.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anthony Cephalis - 2037 W. LEXINGTON ST.

18.

442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive Heart Failure48h.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardio-Renal. Vas. Arteriosclerosis 10 yr.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Uterine Prolapse (Severe)10 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8/1948 to 6/16/1951, that I last saw the
deceased alive on 6/15/1951, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. H. Williams

M. D.

23B. ADDRESS

1433 W. BALDWIN ST.

23C. DATE SIGNED

6/18/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL

24B. DATE

6-19-51

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART

24D. LOCATION (City, town, or county)

BALTO.MD.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Dr. J. H. Williams

25. FUNERAL DIRECTOR

ADDRESS

George S. Farley, 1433 W. BALDWIN ST.

91

WATLEY
CONCRETE

N-430 51 5425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5425
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCES COMPTON NEILD

2. DATE
OF
DEATH

17 JUNE 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE

MD

b. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 18

d. STREET ADDRESS (If rural, give location)

3523 NEWLAND ROAD

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

24 MAY 1893

9. AGE (in years
last birthday)

58

If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FRANK O. COMPTON

14. MOTHER'S MAIDEN NAME

BERTHA COOK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-26-8305

17. INFORMANT

PATIENT

ADDRESS

Same

18.

171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of the cervix with ? years
metastases

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 JUNE, 1951, to 17 JUNE, 1951, that I last saw the
deceased alive on 17 JUNE, 1951, and that death occurred at 1:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE

Alfred S. Nelson

M. D.

23b. ADDRESS

Union Memorial Hospital
Baltimore 18 Maryland

23c. DATE SIGNED

June 17, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

6/19/51

24c. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24d. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 18 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Tucker, Sons, Inc. Balt. Md.

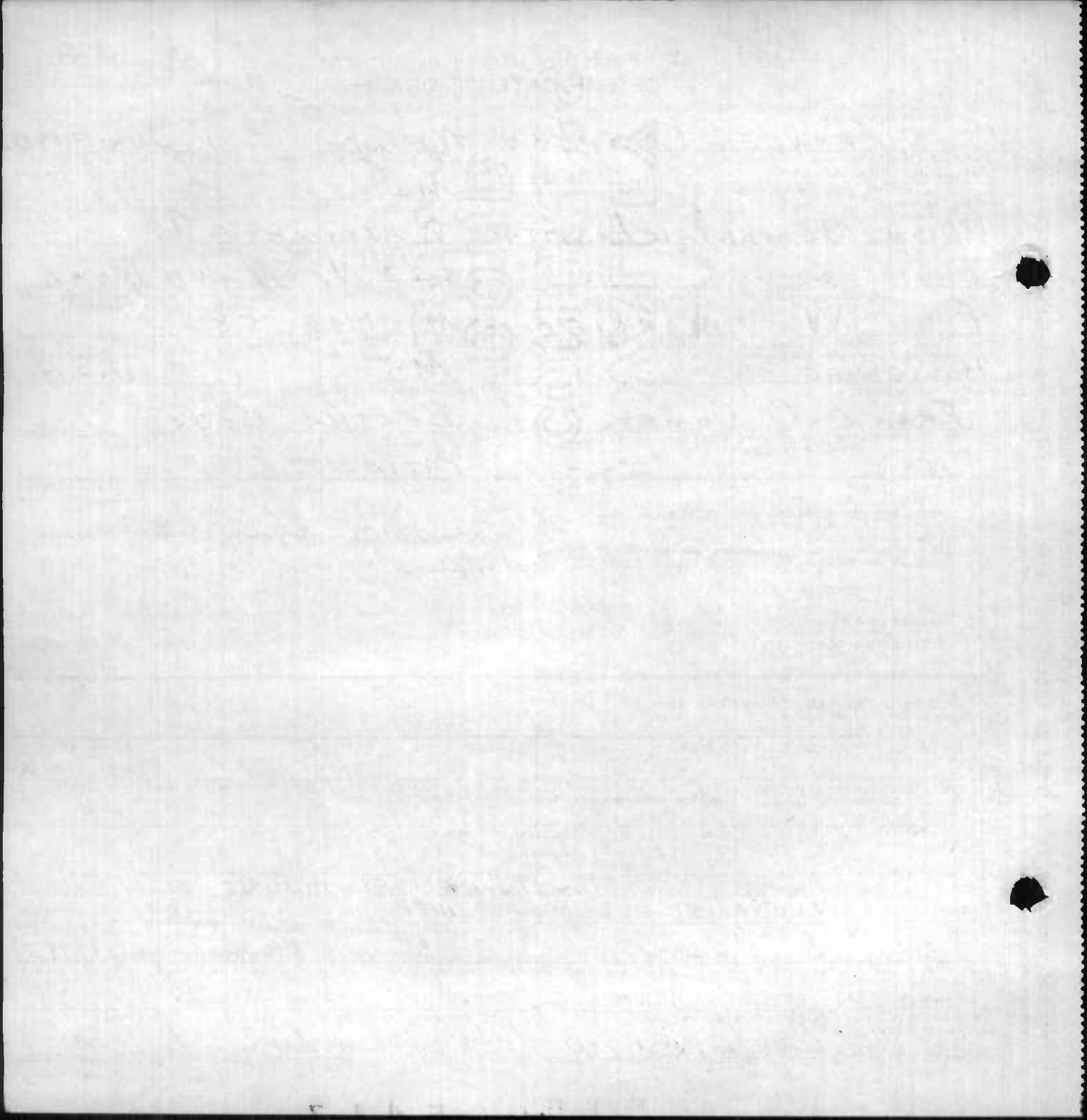
ADDRESS

VS 150

48a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	
Mary E. Hall	
2. DATE OF DEATH June 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pine Ridge Nursing Home 4703 Hampnett Ave.	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 2110 E. Lafayette Ave	
5. SEX Female	
6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH November 27, 1867	
9. AGE (in years last birthday) 83	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Washington, D.C.	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? Dunn	
14. MOTHER'S MAIDEN NAME Mary Regan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Balto. Mrs. Grace Gilbraith, 2110 E. Lafayette Ave.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Ventricular fibrillation DUE TO ANTECEDENT CAUSES (B) Generalized arteriosclerosis DUE TO (C) Essential hypertension INTERVAL BETWEEN ONSET AND DEATH 5 min 10 yrs 8 mo	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	
19A. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1950, to 6/17, 1951, that I last saw the deceased alive on 6/16, 1951, and that death occurred at 7:18 p.m., from the causes and on the date stated above.	
23A. SIGNATURE Conrad L. Richter	
23B. ADDRESS M. O. 1706 N. Washington St	
23C. DATE SIGNED 6/18/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE June 20, 1951	
24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24D. LOCATION (City, town, or county) (State) Washington, D.C.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1951	
REGISTRAR'S SIGNATURE	
FURNERAL DIRECTOR	
ADDRESS	

CONFIDENTIAL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5427

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JESSIE GRANVILLE

ROBERTS

2. DATE
OF
DEATH

June 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

5713 Bellona Ave.

C. CITY OR TOWN (If outside corporate limits, write full name and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5713 Bellona Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 8, 1890

9. AGE (In years
last birthday)

60

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Timekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

Beth. Steel Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Geo. P. Roberts

14. MOTHER'S MAIDEN NAME

Clara J. Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth P. Roberts Above

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley B. Deanecker

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

June 18, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

6/18/51

24C. NAME OF CEMETERY OR CREMATORY

Marietta

24D. LOCATION (City, town, or county)

Marietta, Pa.

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 18 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tucker, Low Inc. Balt. Md.

VS 151

390 3U

5419

94a ✓



G-400

51 5428

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5428

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA Hunt Gill

2. DATE
OF
DEATH

6-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-03

C. Length of stay in Baltimore

78

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5217 Tramore Road

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Oct. 3, 1892

9. AGE (In years last birthday)

78

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Hunt

14. MOTHER'S MAIDEN NAME

Estelle Chamberlain

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Clarence Weitzel - 5613 Bel Air Rd.

18. 420.0 and 2903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) PULMONARY infarction

INTERVAL BETWEEN ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CHIEF OR ASST. MEDICAL EXAMINER

(C) arteriosclerosis heart disease

M.D.

? years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

fracture right femoral neck

9 weeks

19A. DATE OF OPERATION

5-8-51

19B. MAJOR FINDINGS OF OPERATION

Fracture, right femoral neck

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office Bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

5217 Tramore Road, Balt., Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

April 15, 1951

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

slipped on rug

22. I hereby certify that I attended the deceased from May 5, 1951, to June 16, 1951, that I last saw the deceased alive on June 16, 1951, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. O.

23B. ADDRESS

Union Memorial Hosp. Baltimore 18 Maryland

23C. DATE SIGNED

June 16, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/20/51

24C. NAME OF CEMETERY OR CREMATORY

Mr. Olivet Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Vicknair & Sons

ADDRESS

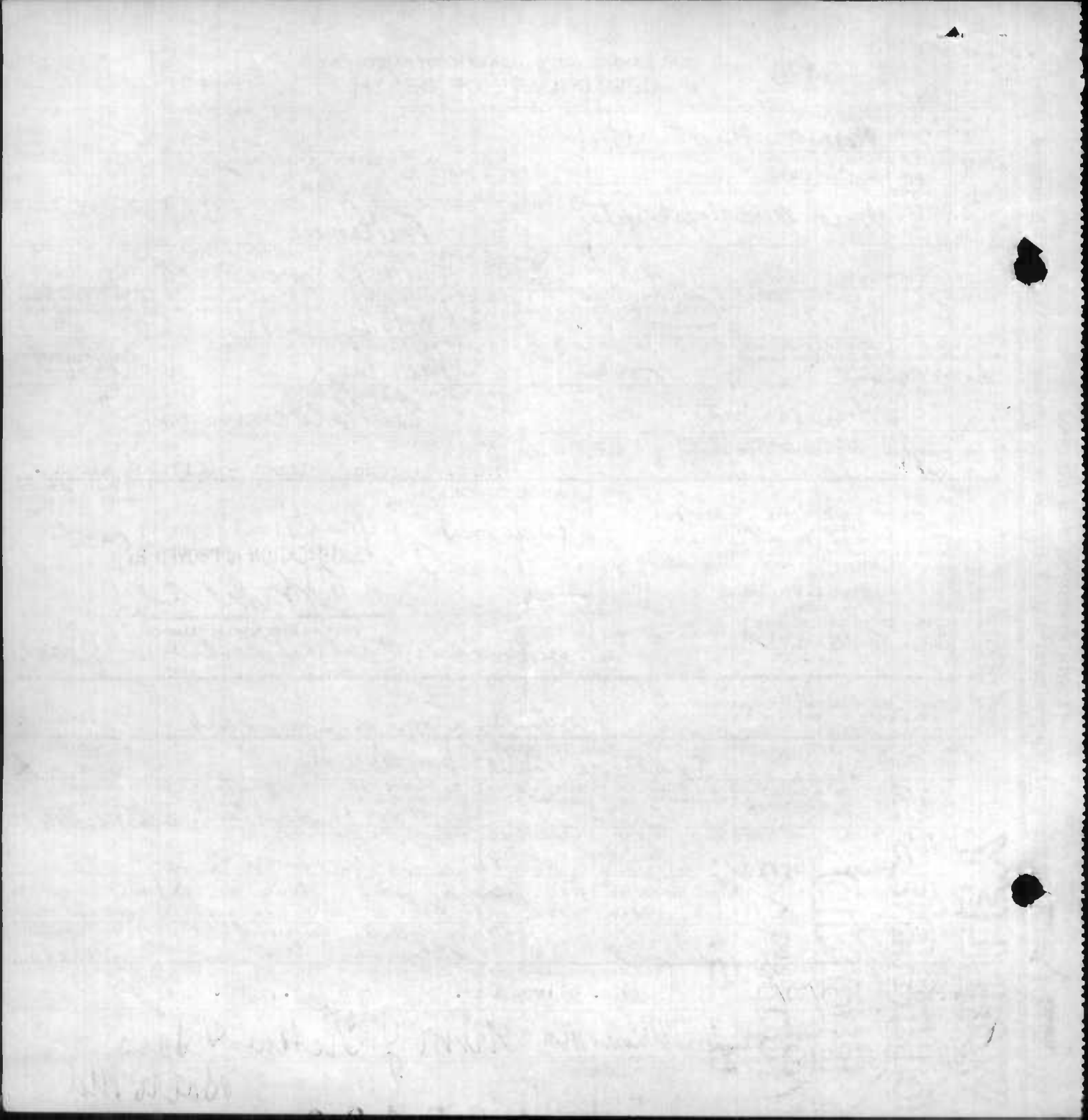
937 Balto Md.

JUN 18 1951

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5429

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lloyd Adam Snowden

2. DATE
OF
DEATH

JUNE 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

102 S. Addison St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give
township)

BALTIMORE 19-04

D. STREET ADDRESS (If rural, give location)

102 S. Addison St.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

APRIL 7, 1909

9. AGE (In years
last birthday)

42

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PAINT MIXER

10B. KIND OF BUSINESS OR
INDUSTRY

Paint Mfg.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM W. SNOWDEN

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

512-09-5077

17. INFORMANT

ADDRESS

MILDRED E. SNOWDEN 102 S. Addison St.

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from June 6, 1951, to June 16, 1951, that I last saw the
deceased alive on June 15, 1951, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Albert Scagnetti

M. D.

23B. ADDRESS

1729 W. Lombard St

23C. DATE SIGNED

6/18/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6-19-51

24C. NAME OF CEMETERY OR CREMATORY

LORRAINE PARK

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 19 1951

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Schwab 2101 Frederick Ave

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

51 5430		BALTIMORE CITY HEALTH DEPARTMENT		51 5430	
120		CERTIFICATE OF DEATH		Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) Carl Chavis. 5-70687			2. DATE OF DEATH JUN 17 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Bury Italy			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-02		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1109 Mulberry St.		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) sep.	8. DATE OF BIRTH 8-24-09	9. AGE (in years last birthday) 41	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur			11. BIRTHPLACE (State or foreign country) n.e.		
13. FATHER'S NAME Cornelius Chavis PRIVATE			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Elizabeth Corbin		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS THE JOHNS HOPKINS HOSPITAL ✓		
18. 022X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aneurysm of Abdominal Aorta DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 6-17-51		19B. MAJOR FINDINGS OF OPERATION aneurysm of Aorta.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., at or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-14- , 1951, to 6-17- , 1951, that I last saw the deceased alive on 6-17- , 1951, and that death occurred at 11 45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. P. Johns		23B. ADDRESS M. D. THE JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 6/18/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Remove		24B. DATE June 23, 1951		24C. NAME OF CEMETERY OR CREMATORY Church Cem.	
24D. LOCATION (City, town, or county) (State) Raleigh n.e.		24E. FUNERAL DIRECTOR Geo. B. Nelson		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1951		REGISTRAR'S SIGNATURE Wilmington Williams, Jr.		24G. ADDRESS	
VS 150 1951 062845 4 2 2 1303 Presstman st 307					

1909

SEP 15 1909

LETTER

ALBANY, N.Y.
Sept 15

My dear Mr. ...

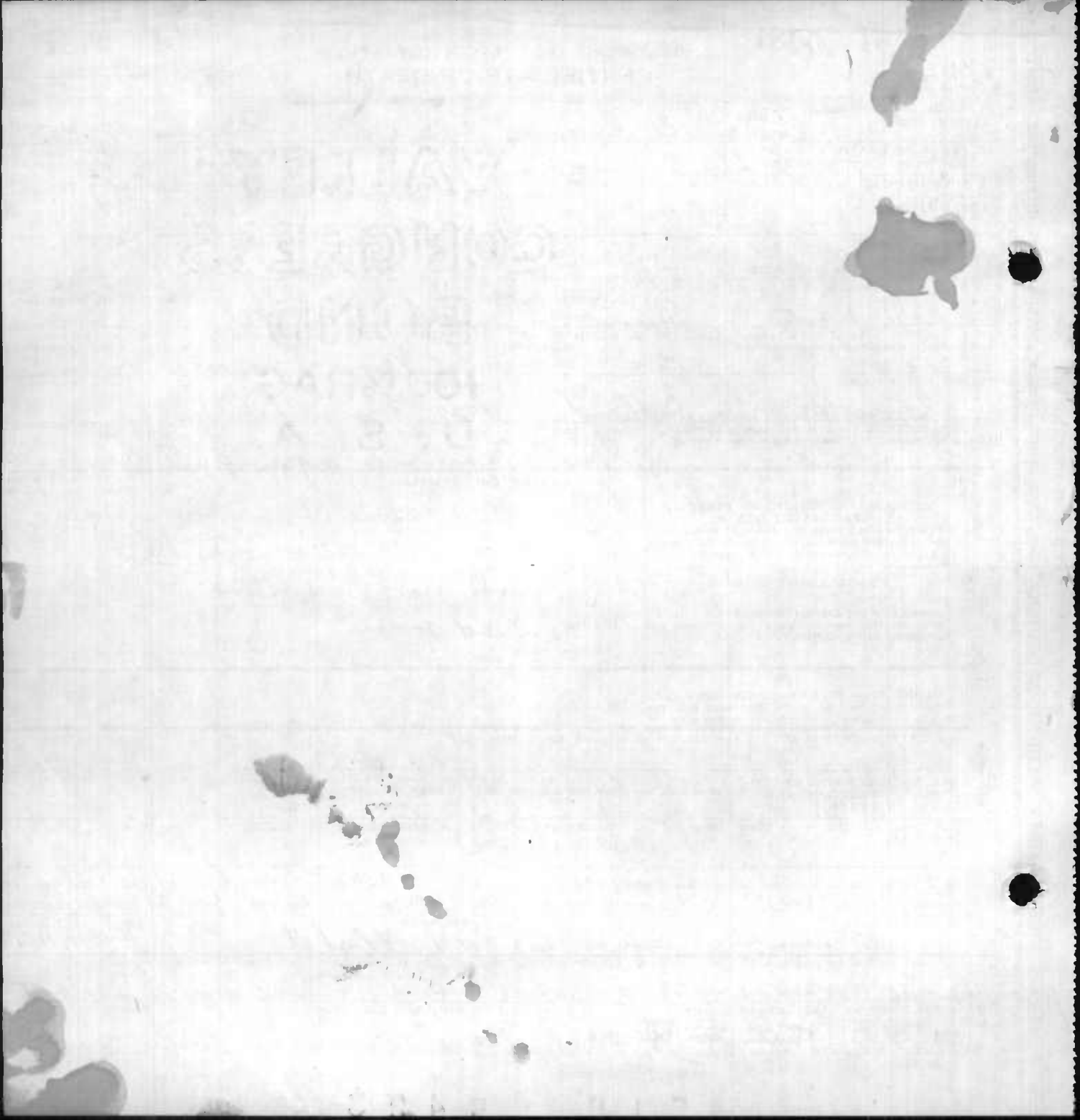
Yours truly,
Wm. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

143 51 5431		BALTIMORE CITY HEALTH DEPARTMENT		51 5431	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Elizabeth Cunningham Leubold</i>			2. DATE OF DEATH <i>June 17, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>223 E. Preston St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore City</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City 11-01</i>		
c. Length of stay in Baltimore <i>56</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>223 E. Preston Street</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>March 1870</i>	9. AGE (In years last birthday) <i>81</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>White Plains - New York</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>James Bell Cunningham</i>			14. MOTHER'S MAIDEN NAME <i>Mary Rosalie Thompson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT ADDRESS <i>Mrs. Anne S. Musgrave (friend) Laurel - Md.</i>		
18. <i>4720.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Heart failure</i> DUE TO <i>Arteriosclerotic heart disease</i> (B) <i>Pulmonary infection</i> DUE TO <i>Heart failure</i> (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>7 mos</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July, 1950</i> to <i>June 17, 1951</i> , that I last saw the deceased alive on <i>June 5th</i> , 1951, and that death occurred at <i>10:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Franklin E. Lohie</i>		23B. ADDRESS <i>1101 St Paul St</i>		23C. DATE SIGNED <i>June 19, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 20-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 19 1951</i>		REGISTRAR'S SIGNATURE <i>Stuart Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Stewart & Mowen Co., 108 W. North Ave. City #1. 937</i>	
VS 150					

19510005423



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 5432
256

KAZMIERSKI
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

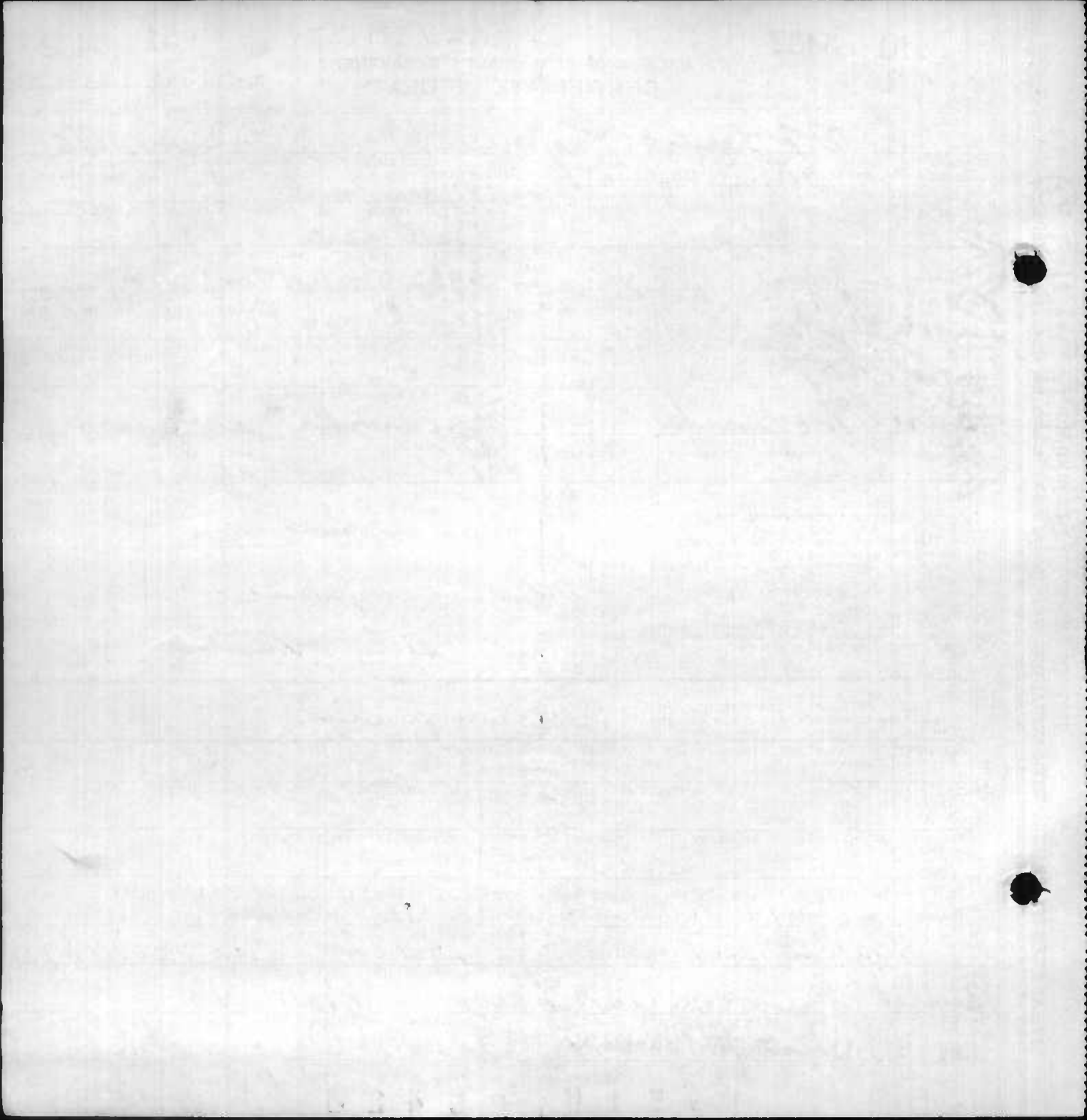
51 5432
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Katharine Kazmierski</i>		2. DATE OF DEATH <i>June 16/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>St. Joseph's Hospital</i>		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) STATE <i>Maryland</i> CITY OR TOWN <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>49</i>		D. STREET ADDRESS (If rural, give location) <i>3032 Hudson St.</i>	
C. LENGTH OF STAY IN BALTIMORE		E. AGE (In years last birthday) <i>60</i> # Under 1 Year Months: Days: Hours: Min.	
F. SEX <i>Female</i>	G. COLOR OR RACE <i>White</i>	H. DATE OF BIRTH <i>March 1891</i>	
I. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		J. BIRTHPLACE (State or foreign country) <i>Poland</i>	
K. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		L. CITIZEN OF WHAT COUNTRY? <i>Poland</i>	
M. KIND OF BUSINESS OR INDUSTRY		N. BIRTHPLACE (State or foreign country)	
O. FATHER'S NAME <i>Karol Wolinski</i>		P. MOTHER'S MAIDEN NAME <i>Ludwika Zakrzewski</i>	
Q. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		R. SOCIAL SECURITY NO.	
S. INFORMANT <i>Boleslaw Kazmierski</i>		T. ADDRESS	

18. <i>586X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Coronary Failure</i> DUE TO (B) <i>Pulmonary edema</i> DUE TO (C) <i>Acute Biliary Obstruction</i>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Acute pancreatitis</i>				

19A. DATE OF OPERATION <i>June 16/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>June 16, 1951</i> , to <i>June 16, 1951</i> , that I last saw the deceased alive on <i>June 16, 1951</i> , and that death occurred at <i>4:47 P.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Arthur J. Williams, M.D.</i>		23B. ADDRESS <i>2911 Curtis Ave.</i>		23C. DATE SIGNED <i>6/18/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 30/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 19 1951</i>		REGISTRAR'S SIGNATURE <i>Arthur J. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Fred H. Ozagowski</i>
				ADDRESS <i>1939 Eastern Ave.</i>



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5433
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA HARRISON

2. DATE OF DEATH
June 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3706 Nortonia Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-12

c. Length of stay in Baltimore 50 yrs.
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
3804 Towanda Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
WIDOW

8. DATE OF BIRTH

1879

9. AGE (In years last birthday)

72

10. Under 1 Year 11. Under 24 Hours
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?
USA.

13. FATHER'S NAME

Jacob Wasserstein

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
David Harrison-807 Brooks Lane

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

2 days

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive C. V. disease

8 years

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1943, to June 18, 1951, that I last saw the deceased alive on June 15, 1951, and that death occurred at 11:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Ramuel Levin

23B. ADDRESS

9818 Reisterstown Rd

23C. DATE SIGNED

6/19/51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

6/19/51

24C. NAME OF CEMETERY OR CREMATORY

Sodova Congregation

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson & Bros. - 1124-26 W. North Avenue

JUN 19 1951
VS 150

1 9 5 1 0 5 4 2 8

931

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

VALLEY

COLUMBIA

TRADING

COMPANY

B. S. A.

Attention to notice of
Columbia Valley Trading
Company

Notice of
Columbia Valley Trading
Company

Notice of
Columbia Valley Trading
Company

Notice of
Columbia Valley Trading
Company

Notice of
Columbia Valley Trading
Company

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Claude Myers*2. DATE
OF
DEATH*June 18, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Feb 6 / 1951

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

*S. Carolina*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*THE JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Branchville

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?*male**white**12-2-16**35**farmer**S. Carolina**S. Carolina**U.S.*

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

*Claude Myers**Lessie Thompson*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18.

581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cholera*

DUE TO

3 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Portal Cirrhosis and*

DUE TO

Portal Hypertension

(C)

*2 yrs*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Diabetes Mellitus**6 yrs*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from *5/16*, 19*51*, to *5/18*, 19*51*, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. J. M. M. M.

M. D.

*THE JOHNS HOPKINS HOSPITAL**6-18-51*24A. BURIAL, CREMA-
TION or REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

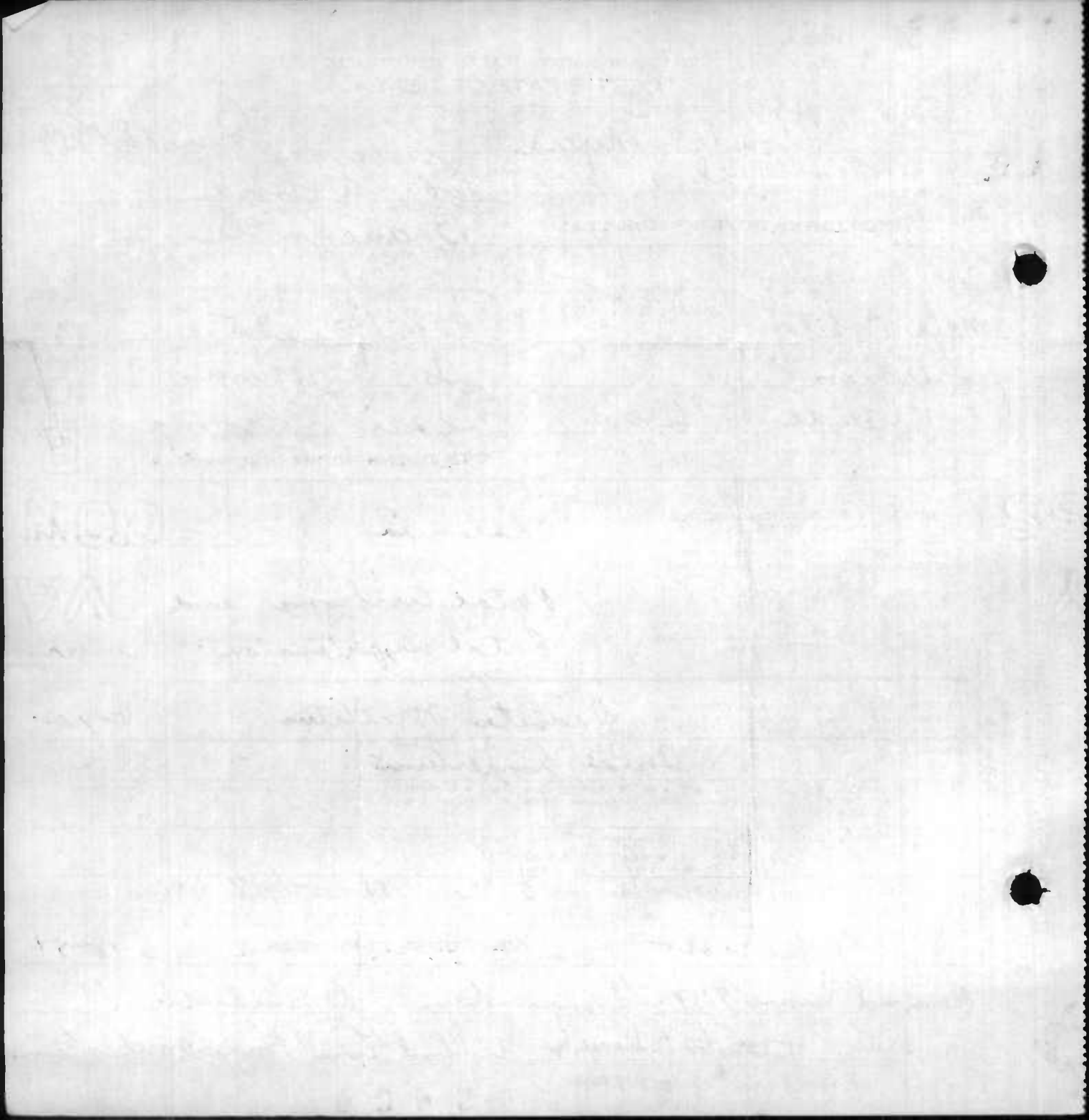
*Removal**June 19/51**Thompson Cem**Branchville S.C.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*June 19/51**W. J. M. M. M.**W. J. M. M. M.*



13-550

51 5435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5435

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday) 10. Under 1 Year 11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MARDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/13/51 to 6/14/51, that I last saw the deceased alive on 6/13/51, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

7208A0

A. Halstead - 918 -
1210

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

1953-1954

OFFICIALS
BOND
JUG. 40
M. 5. 1A

))

13-400

51 5436

51 5436

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Wm A Bailey</i>			2. DATE OF DEATH <i>June 16-51</i>				
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>731 Dolphin St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>MD</i> COUNTY <i>Baltimore</i>							
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>731- Dolphin St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>							
C. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>731- Dolphin St. 17-03</i>							
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>		8. DATE OF BIRTH <i>3-19-1888</i>		9. AGE (In years last birthday) <i>63</i>		If Under 1 Year Months: Days: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salvage</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Contractor</i>			11. BIRTHPLACE (State or foreign country) <i>Va.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. C.</i>	
13. FATHER'S NAME <i>?</i>			14. MOTHER'S MAIDEN NAME <i>?</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				
16. SOCIAL SECURITY NO.			17. INFORMANT <i>William Bailey Jr. - Woodbrook</i>							
18. <i>352x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hemiplegia</i>			CAUSE OF DEATH <i>Hemiplegia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i>				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) DUE TO							
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>June 1-51</i> , to <i>June 16-51</i> , that I last saw the deceased alive on <i>June 15-51</i> , and that death occurred at <i>5-11</i> m., from the causes and on the date stated above.									23C/DATE SIGNED <i>6/18-51</i>	
23A. SIGNATURE <i>Wm A Bailey</i>			23B. ADDRESS <i>403 Mod Art Bg</i>			23C/DATE SIGNED <i>6/18-51</i>				
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>6/20/51</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>			24D. LOCATION (City, town, or county) (State) <i>Cedar Hill Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>6/19/51</i>			REGISTRAR'S SIGNATURE <i>William Williams</i>			25. FUNERAL DIRECTOR <i>A. J. Halstead</i>			ADDRESS <i>918- 97024</i>	

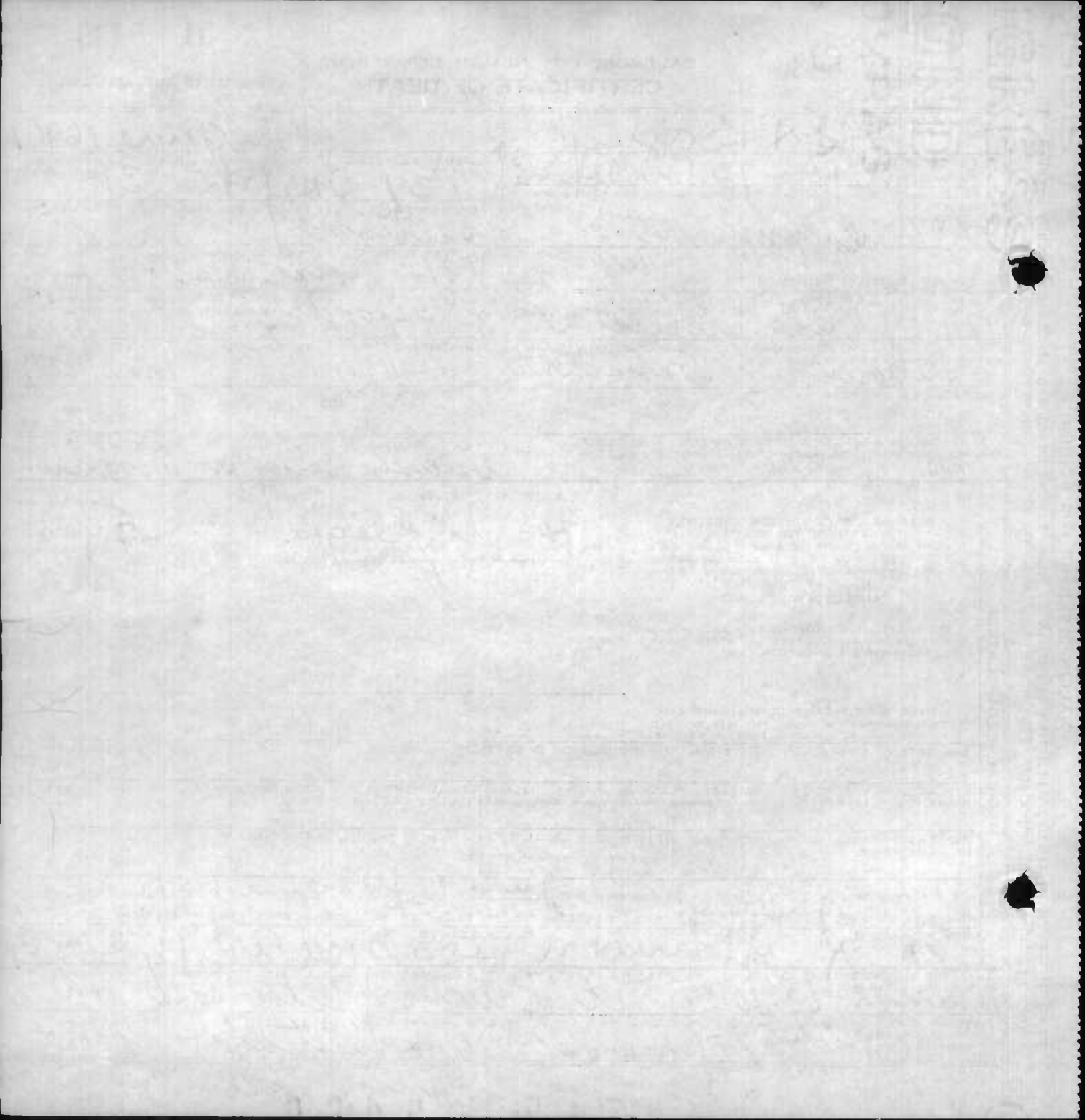
VS 150

97024
19510205438

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

M. E. McElune

2. DATE
OF
DEATH

June 18-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland *City*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore E. E. N. T. Hospital

4X
C. Length of stay in Baltimore *Life-time*

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Caswell x Hamilton St. Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
5300

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7-12-68

9. AGE (In years last birthday)

82

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Caswell

14. MOTHER'S MAIDEN NAME

Abigail Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Grandson - Same address.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Coronary artery thrombosis.*

INTERVAL BETWEEN ONSET AND DEATH

15 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *History of angina, blood pressure elevation for some years.*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Unrecentful. Cataract extraction 10 days ago.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Mature cataract

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on *June 18, 1951*, and that death occurred at *11:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. K. Murray

23B. ADDRESS

Balto. E. E. N. T. Hospital

23C. DATE SIGNED

June 18-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

June 21/51

London Park

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

30N 191951

William Williams, M.D.

Loring Rogers 5005 Pl. Ziegler

12-81

2

11-12-11
PTB

11-12-11
PTB

11-12-11

11-12-11

11-12-11

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11-12-11

11-12-11

11-12-11

11-12-11

11-12-11

11-12-11

11-12-11

11-12-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 5438 **CERTIFICATE CORRECTED** 6-26-51 51 5438

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

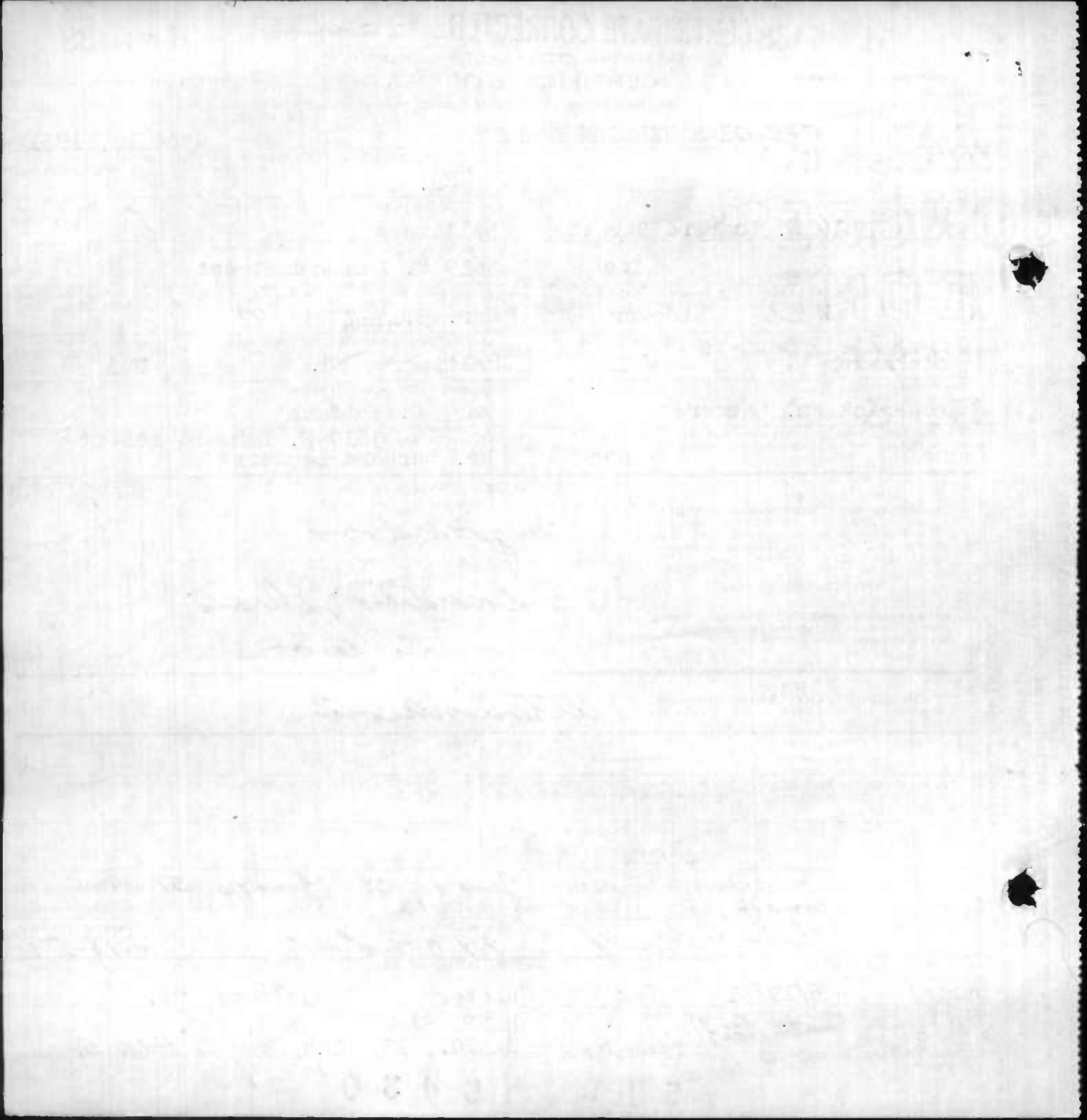
BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) FREDERICK WILLIAM LAMMERS		2. DATE OF DEATH June 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-08	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3619 E. Lombard Street		D. STREET ADDRESS (If rural, give location) 3619 E. Lombard Street		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Mar. 3, 1874	9. AGE (in years last birthday) 77	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchmaker		10B. KIND OF BUSINESS OR INDUSTRY Jewelry		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Frederick Wm. Lammers		14. MOTHER'S MAIDEN NAME Mary C. Hoffman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT 3619 E. Lombard Street Mr. Bernard Lammers ✓	

MEDICAL CERTIFICATION

18. 414X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocardia (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Endocarditis; chronic DUE TO _____ (C) Rheumatic fever		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1938 to June 16, 1951 that I last saw the deceased alive on June 16, 1951 and that death occurred at 12 m. from the causes and on the date stated above.					
23A. SIGNATURE John J. Gould		23B. ADDRESS 14 N. East Ave		23C. DATE SIGNED 6-18-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/19/51		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1951		REGISTRAR'S SIGNATURE William H. Williams		FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

225 51 5439

51 5439

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNA M. McKENNA

2. DATE
OF
DEATH

June 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland **BALTIMORE**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

5440 BELAIR RD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 12-04

D. STREET ADDRESS (If rural, give location)

4408 20th St.

c. Length of stay in Baltimore

56 Yrs.
56 Mos.
56 Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 10, 1873

9. AGE (In years last birthday)

77

10. Under 1 Year Months Days

7 6

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BLENHEIM, BALTO, COMD

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joshua Shipley

14. MOTHER'S MAIDEN NAME

HONORA LOGSTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

FRANCIS P. McKENNA 4408 20th St.

18.

443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive C.V. disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/5**, 19**51**, to **6/13**, 19**51**, that I last saw the deceased alive on **6/13**, 19**51**, and that death occurred at **7:30 PM**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 6-20-1951 NEW CATHEDRAL

BALTIMORE Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 19 1951

William H. Williams, M.D.

Charles W. Conklin 924 E. Eager St.

VS 150

1 0 5 1 0 0 0 5 4 3 1

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Dr. Thomas White
39th. Greenmount Ave

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *ROSE MARY Roggio*

2. DATE OF DEATH *6-17-1951*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *BALTIMORE*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE *Md* B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION *1112 PROCTOR ST.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 10-01.

D. STREET ADDRESS (If rural, give location)
1112 PROCTOR ST.

C. Length of stay in Baltimore *74* Yrs. _____ Mos. _____ Days _____

5. SEX *FEMALE*

6. COLOR OR RACE *WHITE*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH *FEB 2, 1877*

9. AGE (In years last birthday) *73*

If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House work at home

10B. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country)
Italy

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
GROCIANO Richardi

14. MOTHER'S MAIDEN NAME
LENA P

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *no* (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. *L*

17. INFORMANT ADDRESS
GEORGE Roggio 921 Northern Park Way

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerotic C.V. disease* *2 yrs*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis generalized* *10 years*

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/11/51*, 19__, to *6/17/51*, 19__, that I last saw the deceased alive on *6/17/51*, 19__, and that death occurred at *11A.* m., from the causes and on the date stated above.

23A. SIGNATURE *Benj. B. Mow, M.D.*

23B. ADDRESS *448 N. Luzerne Ave.*

23C. DATE SIGNED *6/18/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE *6-20-51*

24C. NAME OF CEMETERY OR CREMATORY *Holy Redeemer Cmtry*

24D. LOCATION (City, town, or county) (State)
4430 Belair Rd Md.

DATE RECEIVED BY LOCAL REGISTRAR
JUN 19 1951

REGISTRAR'S SIGNATURE *[Signature]*

25. FUNERAL DIRECTOR *Elmer W. Conklin*

ADDRESS *924 E. Eager St.*

VS 150

19510205432

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

Dr Ben. B. Mason,
448 N. Luzerne Ave.

7/4/16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

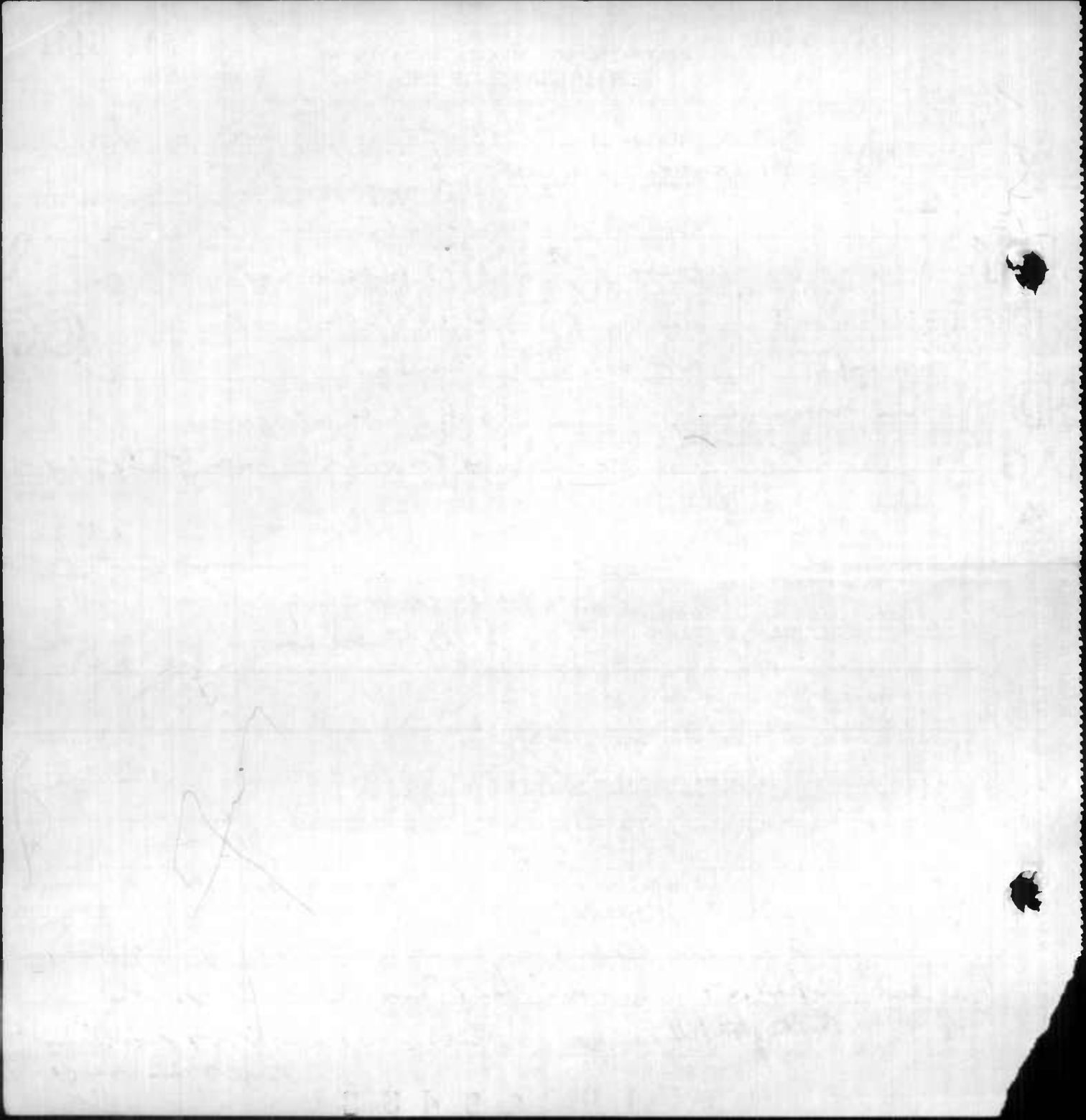
620 51 5441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5441

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Schwarz, Florence</i>			2. DATE OF DEATH <i>6/18/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Redwood + Greenet</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____					
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>UNIVERSITY</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 24-04</i>			D. STREET ADDRESS (If rural, give location) <i>1819 Westphal Place</i>		
c. Length of stay in Baltimore <i>about 40</i> Yrs. Mos. Days			5. SEX <i>F</i>			6. COLOR OR RACE <i>White</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>			8. DATE OF BIRTH <i>11-13-1902</i>			9. AGE (In years last birthday) <i>48</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>			11. BIRTHPLACE (State or foreign country) <i>Penna.</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			13. FATHER'S NAME <i>John Morgan</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Wagner</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>None</i>			17. INFORMANT ADDRESS <i>Mr Edward Schwarz 1819 Westphal Pl.</i>		
18. <i>260X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) <i>Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>		
ANTECEDENT CAUSES			(B) <i>Acute Pulmonary Edema</i>			<i>1 day</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) <i>Diabetic Mellitus</i>			<i>5 years</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>6/17</i> , 19 <i>51</i> , to <i>6/18/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/15/51</i> , 19 <i>51</i> , and that death occurred at <i>5:20</i> a. m., from the causes and on the date stated above.								
23A. SIGNATURE <i>Charles Henderson</i> M. D.			23B. ADDRESS <i>University Hosp.</i>			23C. DATE SIGNED <i>6/18/51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>6/21/51</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Bedau Hill Cem</i>		
24D. LOCATION (City, town, or county) <i>A. A. Co Md</i>			24E. LOCATION (City, town, or county) <i>Balt. 23 Incl</i>			24F. LOCATION (City, town, or county) <i>61</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 19 1951</i>			REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>			25. FUNERAL DIRECTOR <i>Geo. L. Beyers</i>		
						ADDRESS <i>1472 Hollinsworth</i>		



51 5442

51 5442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Guy Simons

2. DATE
OF
DEATH

6/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE Md.

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

123 W. Hill St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore - 22-01

D. STREET ADDRESS (If rural, give location)

123 W Hill St

c. Length of stay in Baltimore

9

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

col

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug - 15-1892 58

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stenographer

10B. KIND OF BUSINESS OR
INDUSTRY

Old boy line

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Simons

14. MOTHER'S MAIDEN NAME

Emma Bond.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

177X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Prostate Carcinoma
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

9 mo

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1951, to 6/18, 1951, that I last saw the
deceased alive on 6/18, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Trautman

23B. ADDRESS

122 - Lee -

23C. DATE SIGNED

6/19/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 24-51

24C. NAME OF CEMETERY OR CREMATORY

Edenton, N.C.

24D. LOCATION (City, town, or county) (State)

N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 19 1951

25. FUNERAL DIRECTOR

James A. Hayes

25. FUNERAL DIRECTOR

James A. Hayes

ADDRESS

638 N. Gilman

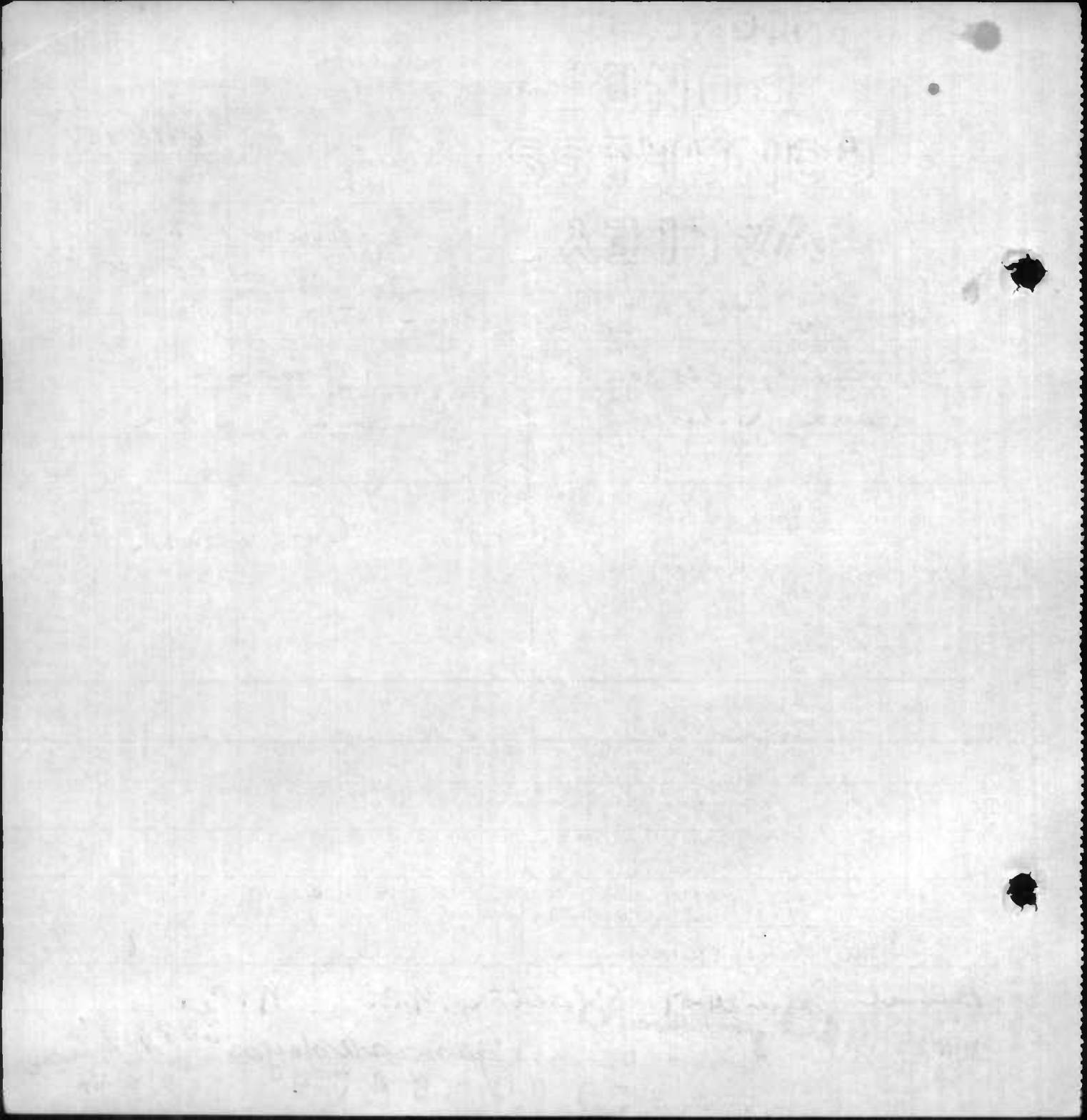
VS 150

1 9 849 150 0 5 4 3 1

51 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Belle Coles*2. DATE
OF DEATH*June 17-51* ^{1:30 am}

3. PLACE OF DEATH:

A. Baltimore City, Maryland *801 S. Sharp St*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Balto.* B. COUNTY *md.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 22-01

D. STREET ADDRESS (If rural, give location)

801 S. Sharp St

c. Length of stay in Baltimore

*30 yrs*Yrs.
Mos.
Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

9. AGE (In years
last birthday)*54 yrs*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*At Home*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Farmville, Va*12. CITIZEN OF
WHAT COUNTRY?*U.S.*

13. FATHER'S NAME

Randolph Pryor

14. MOTHER'S MAIDEN NAME

*Rebecca Gray*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Lennie Coles 801 S. Sharp St.*18. *593 X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*Acute Myocarditis 9/15/51**Interstitial Nephritis 12/10/50**Hypertension 12/10/50*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from *12/10/50*, 19*51*, to *6/17*, 19*51*, that I last saw the
deceased alive on *6/17*, 19*51*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**June 21-51**Int. Zion**Balto.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUN 19 1951**James A. Stayer**James A. Stayer**638 N. 9th St*

10. 11. 1914

Dear Sir,
I have the pleasure to inform you that the
order for the purchase of the
quantity of goods mentioned in the
order has been placed with the
respective suppliers and the goods
will be delivered to you as soon as
possible.

Yours faithfully,
[Signature]

Very truly yours,
[Signature]

51 5444

51 5444

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Freda Mae Hubbard

2. DATE
OF
DEATH

June 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2025 E Chase St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-04

D. STREET ADDRESS (If rural, give location)

2025 E Chase St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from June 15, 1951, to June 15, 1951, that I last saw the
deceased alive on June 15, 1951, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

19510205438

1129 N. Carroll St
13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be as carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

VALLEY
CONGRESS
BUND
COVERS

51 5445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5445

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Bessie P. Tribull

2. DATE
OF
DEATH

June 17/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

759 Grantley St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-08

D. STREET ADDRESS (If rural, give location)

759 Grantley St.

c. Length of stay in Baltimore 75 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 7, 1868

9. AGE (In years last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

N. Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Otto Linde

14. MOTHER'S MAIDEN NAME

Marie-----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Bertha M. Tribull, 759 Grantley St

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Valvular Heart disease

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO Chronic Nephritis.

(B) Arterio-sclerosis

10 yrs.

DUE TO Senility

10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1951, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. C. E. Wells

23B. ADDRESS

4160 Edmondson Ave

23C. DATE SIGNED

June 18, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 20/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTER'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry A. Witzke 4101 Edmondson Ave.

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51 5446
200BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

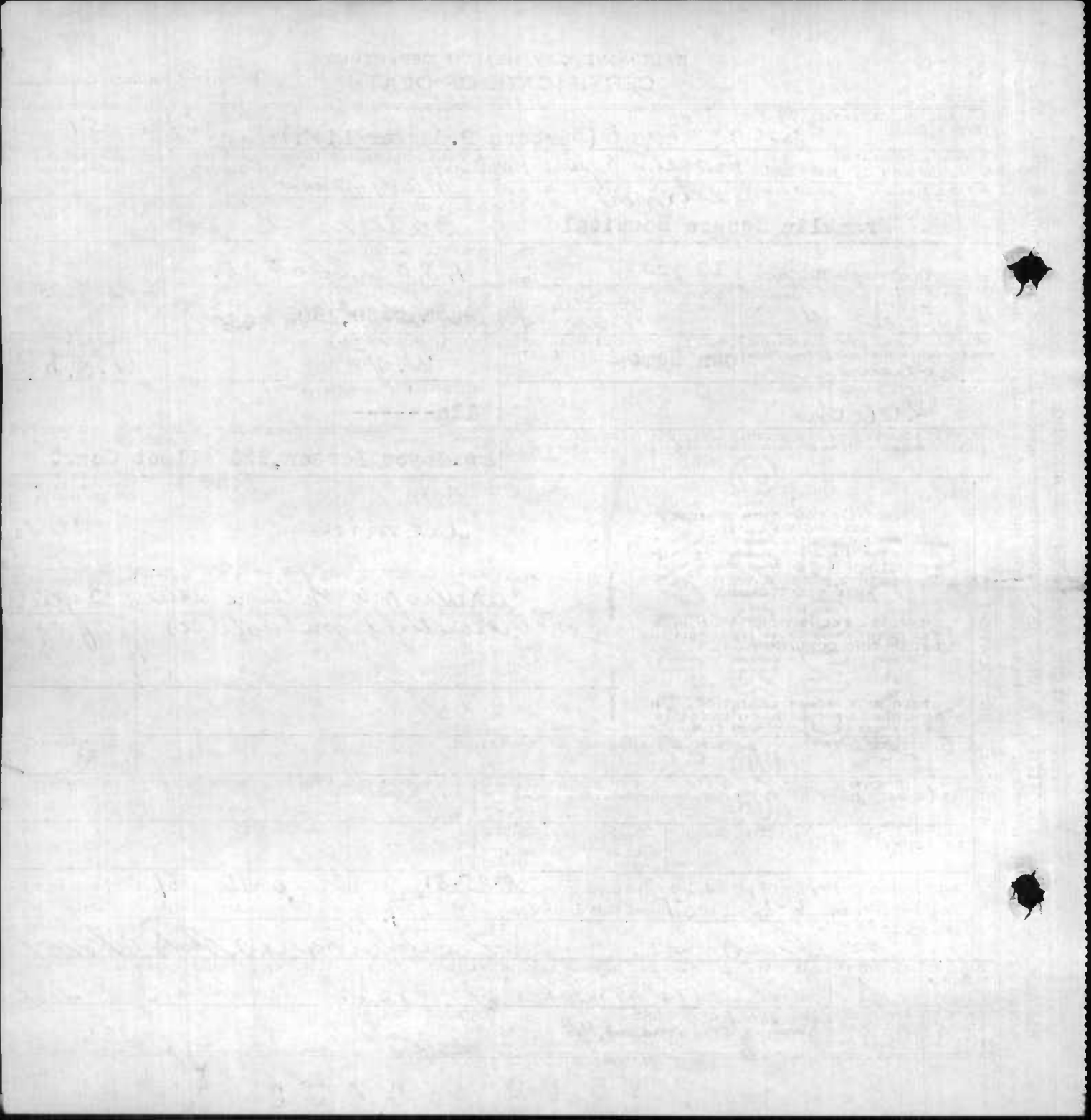
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Rich, Pearl (Barbara P. Barker Rich)</i>			2. DATE OF DEATH <i>6/16-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Franklin Square Hosp</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 10-02</i>		
c. Length of stay in Baltimore <i>10 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>1120 Abbott Ct.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>August 30, 1905</i>		9. AGE (In years last birthday) <i>45</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own Home</i>	11. BIRTHPLACE (State or foreign country) <i>W. Va</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Roach</i>			14. MOTHER'S MAIDEN NAME <i>Ella-----</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mrs. Joyce Besser, 925 Wilmot Court</i>		

18. <i>171X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CAUSE OF DEATH <i>Zone 2</i> <i>Uremia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	(B) <i>carcinoma of cervix uteri with generalized metastases</i>	<i>3 years</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>5-25-51</i> , to <i>6-16, 1951</i> , that I last saw the deceased alive on <i>6-16, 1951</i> , and that death occurred at <i>7:35 pm.</i> from the causes and on the date stated above.				
23A. SIGNATURE <i>G. F. Hawkins, Jr.</i>		23B. ADDRESS <i>Franklin Square Hosp</i>	23C. DATE SIGNED <i>6/16/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>June 21, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>W. Olmick</i>	24D. LOCATION (City, town, or county) (State) <i>2930 Frederick Rd. Balt. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 19 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. H. Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Harry A. Whitely</i>		ADDRESS <i>4101 E. Broadway</i>



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5447
#658

51 5447

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dencie

HORNE

2. DATE
OF
DEATH

June 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore 6-05 township)

D. STREET ADDRESS (If rural, give location)

1715 Orleans St.

c. Length of stay in Baltimore

30 Yrs.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov-9-1899

9. AGE (In years
last birthday)

51

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Sparrow Point

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Dencie Horne

14. MOTHER'S MAIDEN NAME

Martha Horne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213.07.6855 Thomas Horne 1627 N. Carolina St

17. INFORMANT

ADDRESS

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley K. Dunleavy M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
June 18, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/21/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 19 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

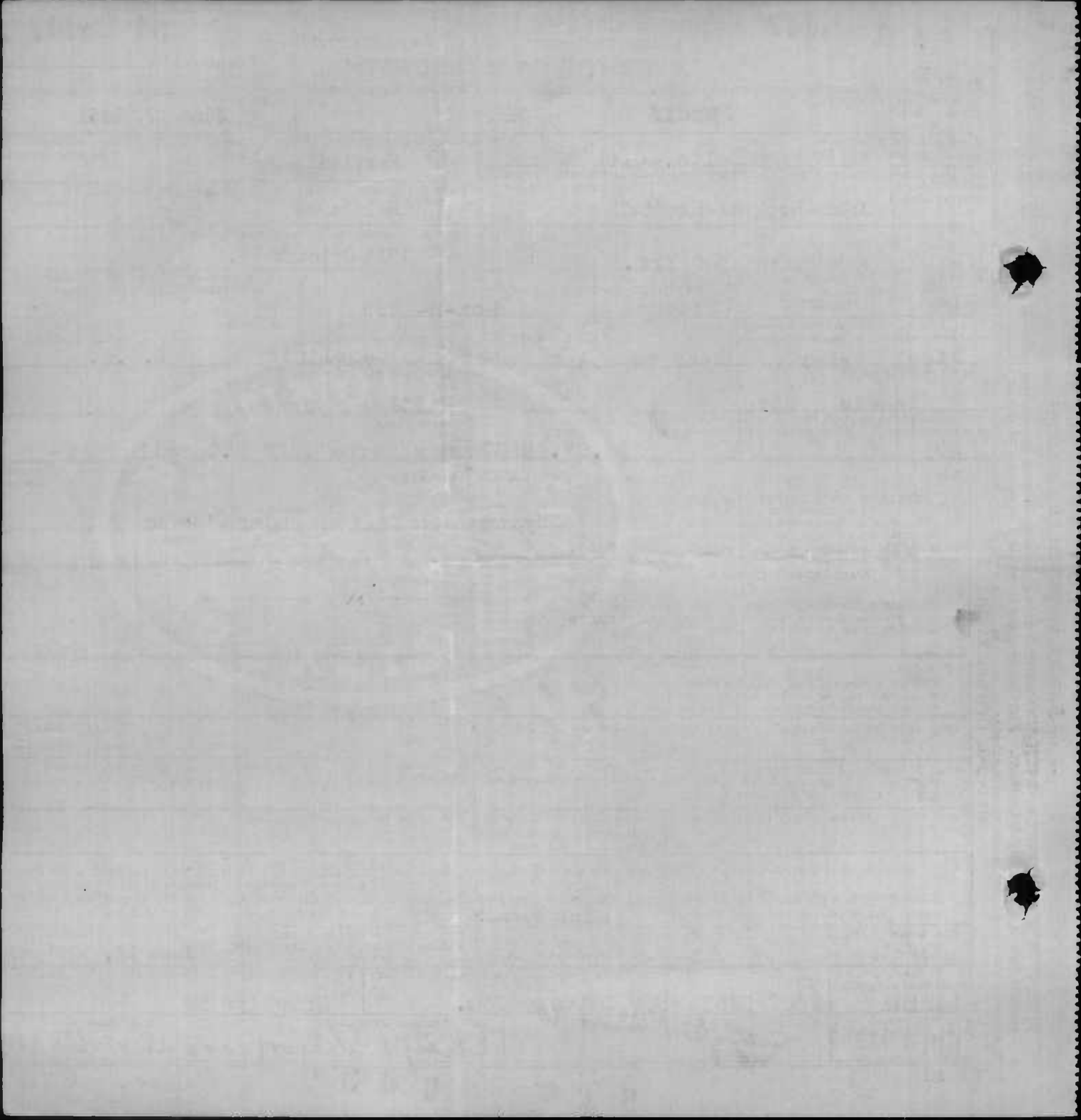
Eugene O. Wilson 1000 Beauty ave

ADDRESS

VS 151

1951680345439

937



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

W-630 51 5448

~~STATE~~
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5448
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) WILLIAM ROLAND WARD			
2. DATE OF DEATH JUNE-16-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland 5202 HAMILTON AVE			
B. COUNTY 26-01			
4. FULL NAME OF HOSPITAL OR INSTITUTION			
C. CITY OR TOWN BALTIMORE MD - ANNE ARUNDEL			
D. STREET ADDRESS (If rural, give location) 5202 HAMILTON AVE.			
c. Length of stay in Baltimore 50 YRS			
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT-14-1880
9. AGE (In years, last birthday) 70		10. Under 1 Year: Months: Days: 11. Under 24 hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. GOVT.		10B. KIND OF BUSINESS OR INDUSTRY CLERICAL	
11. BIRTHPLACE (State or foreign country) WATERBURY CONN.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOSEPH WARD		14. MOTHER'S MAIDEN NAME WATSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT EDWIN R. WARD.		ADDRESS	
18. CAUSE OF DEATH 5811 HAMLIN AVE			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatous			
ANTECEDENT CAUSES (probably esophagus or stomach) over			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 2, 1951 , to June 16, 1951 , that I last saw the deceased alive on June 2, 1951 , and that death occurred at 4 A. M. , from the causes and on the date stated above.			
23A. SIGNATURE Jack J. Singer		23B. ADDRESS 506 E. North Ave	
23C. DATE SIGNED 6-18-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE JUNE 19-51	
24C. NAME OF CEMETERY OR CREMATORY BALDWIN MEMORIAL		24D. LOCATION (City, town, or county) (State) GLENBURNE MD.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	
25. FUNERAL DIRECTOR Edwin R. Ward		ADDRESS	

3909V 5118 Gwynn Oak Ave 46R

See Document File 51-5448

6/26/51

ES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HOSIE GREGORY

2. DATE
OF
DEATH

6/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

11-04

D. STREET ADDRESS (If rural, give location)

468 TUBMAN CT.

c. Length of stay in Baltimore

40yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2/16/1895

9. AGE (In years last birthday)

56

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

SACK SEWER

11. BIRTHPLACE (State or foreign country)

NORFOLK, VA.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE GREGORY

14. MOTHER'S MAIDEN NAME

LUCY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

W.W.#1

ARMY

16. SOCIAL SECURITY NO.

217-03-5687

17. INFORMANT

ADDRESS

LOUISE GREGORY (W) 468 TUBMAN CT.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Chronic pulmonary tuberculosis 5 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR COMPLICATION CAUSING IT.

myocarditis

INTERVAL BETWEEN ONSET AND DEATH

6 months

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22-1950 to 6-14-1951, that I last saw the deceased alive on 6-14-1951, and that death occurred at 3.00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John E. L. Campbell

23B. ADDRESS

639 N. Carey St.

23C. DATE SIGNED

6-18-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

6/19/51

24C. NAME OF CEMETERY OR CREMATORY

BALTO. NAT'L. CEMETERY

24D. LOCATION (City, town, or county) (State)

BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

CHARLES G. COOPER-512 CARROLLTON AVE

JUN 19 1951

VS 150

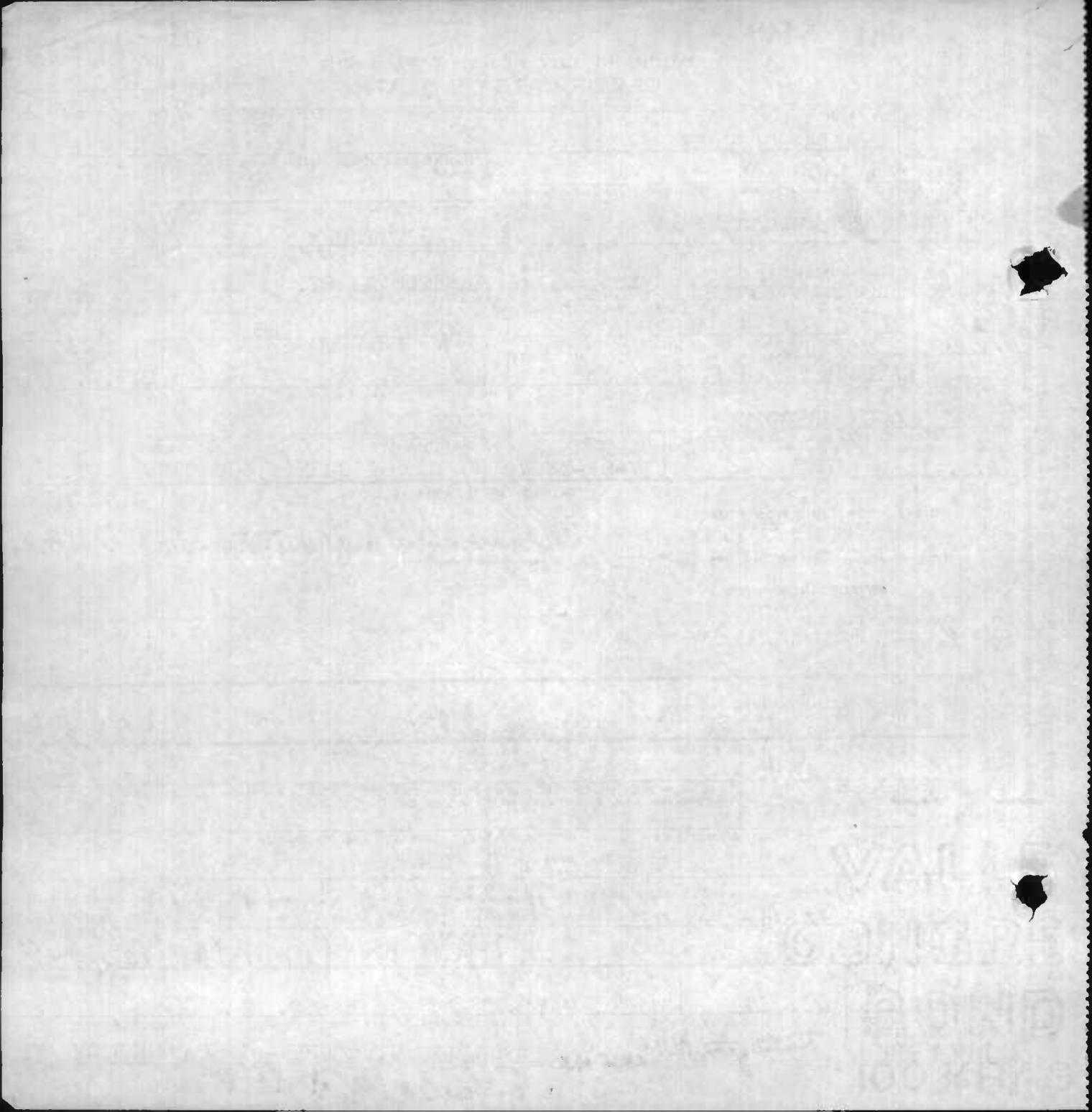
97224

Charles G. Cooper

1313

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



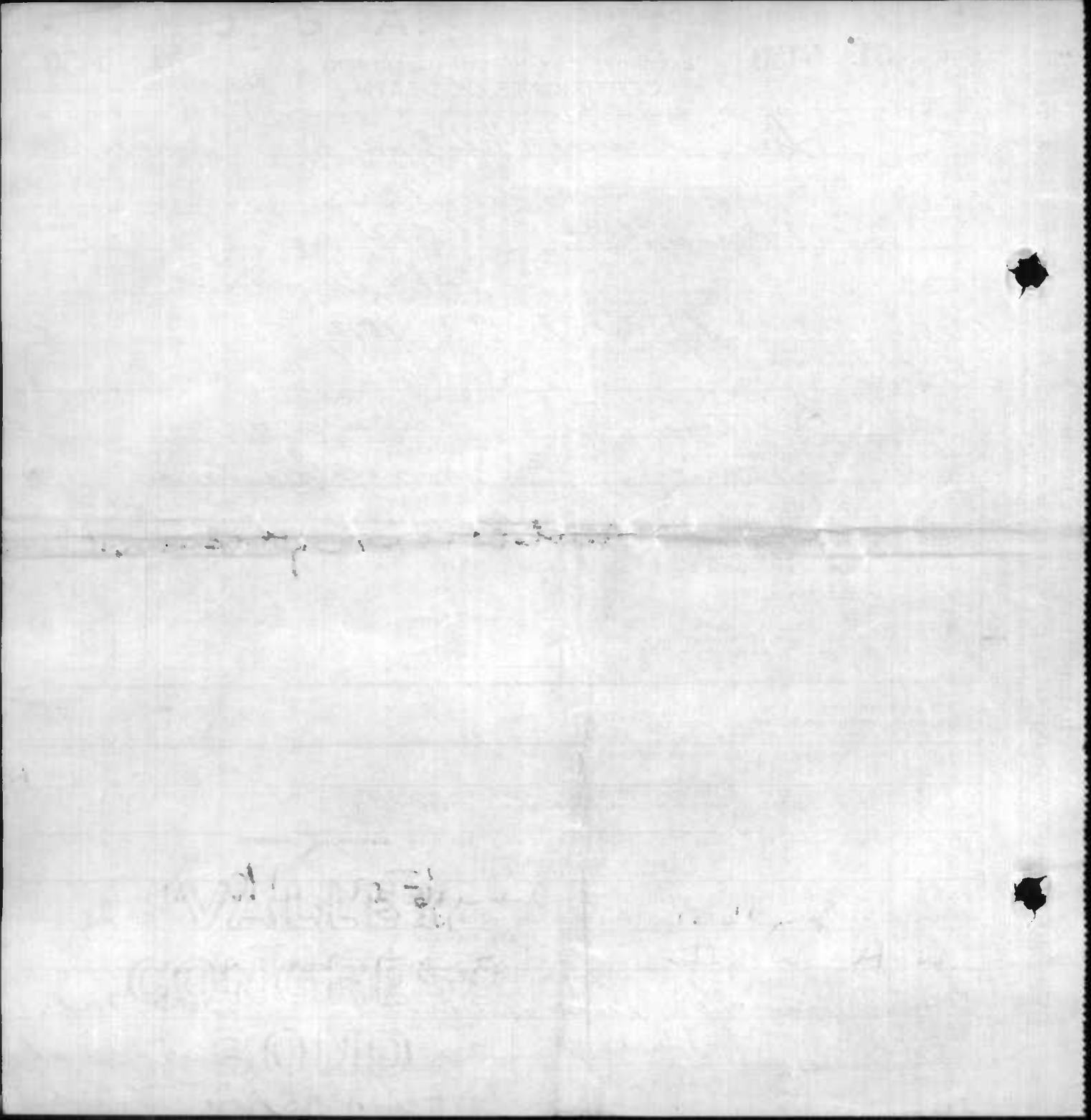
350 51 5450

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5450

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lee Clarence Cheatum</i>		2. DATE OF DEATH <i>June 16/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2514 Francis St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-03</i>			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>2514 Francis St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>?? 1892</i>	9. AGE (In years last birthday) <i>59</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>gen.</i>		11. BIRTHPLACE (State or foreign country) <i>Pa.</i>	
13. FATHER'S NAME <i>Lee Cheatum</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>James Cheatum</i>	
10. <i>420.1</i>		CAUSE OF DEATH <i>Acute coronary thrombosis</i>			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		DUE TO			
ANTECEDENT CAUSES		(B) _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>10 hrs</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 16, 1951</i> , that I last saw the deceased alive on <i>June 16, 1951</i> and that death occurred at <i>7:55 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. H. W. Utts</i>		23B. ADDRESS <i>5756 Lincoln</i>		23C. DATE SIGNED <i>June 16, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 19/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Bethesda National Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		24E. FUNERAL DIRECTOR <i>Mrs. Robert G. Elliott & Daughter</i>		24F. ADDRESS <i>11297 N. Caroline St 94a</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 19 1951</i>		REGISTRAR'S SIGNATURE <i>Arthur J. Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Mrs. Robert G. Elliott & Daughter</i>	



51 5451

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 5-4361. NAME OF DECEASED
(Type or Print)Baths Slater2. DATE
OF
DEATHJune 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1409 E. Madison St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balti

D. STREET ADDRESS (If rural, give location)

1409 E. Madison St10-02

c. Length of stay in Baltimore

50 yrsYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

May 25, 18919. AGE (in years,
last birthday)59If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)athome10B. KIND OF BUSINESS OR
INDUSTRYNone

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Dennis Sue

14. MOTHER'S MAIDEN NAME

Miller ?15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)no16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Chas Travis 1408 Ashland Ave18. 443 X and 214X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral HemorrhageMay 15, 1951

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Arterio-sclerosisComp. 40 X

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Hypertensive Cardio Vascular Diseaseuterine fibromatosis, & Partial Intestinal obstruction

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1951, to June 16, 1951, that I last saw the
deceased alive on June 15, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph X. Young

M. D.

23B. ADDRESS

1429 E. Monument St

23C. DATE SIGNED

6/19/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

21/6/51

24C. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore M. D.

(State)

DATE RECEIVED BY
LOCAL REGISTRARJUN 19 1951

REGISTRAR'S SIGNATURE

Chas Travis

25. FUNERAL DIRECTOR

ADDRESS

Battisross 1408 Ashland Ave

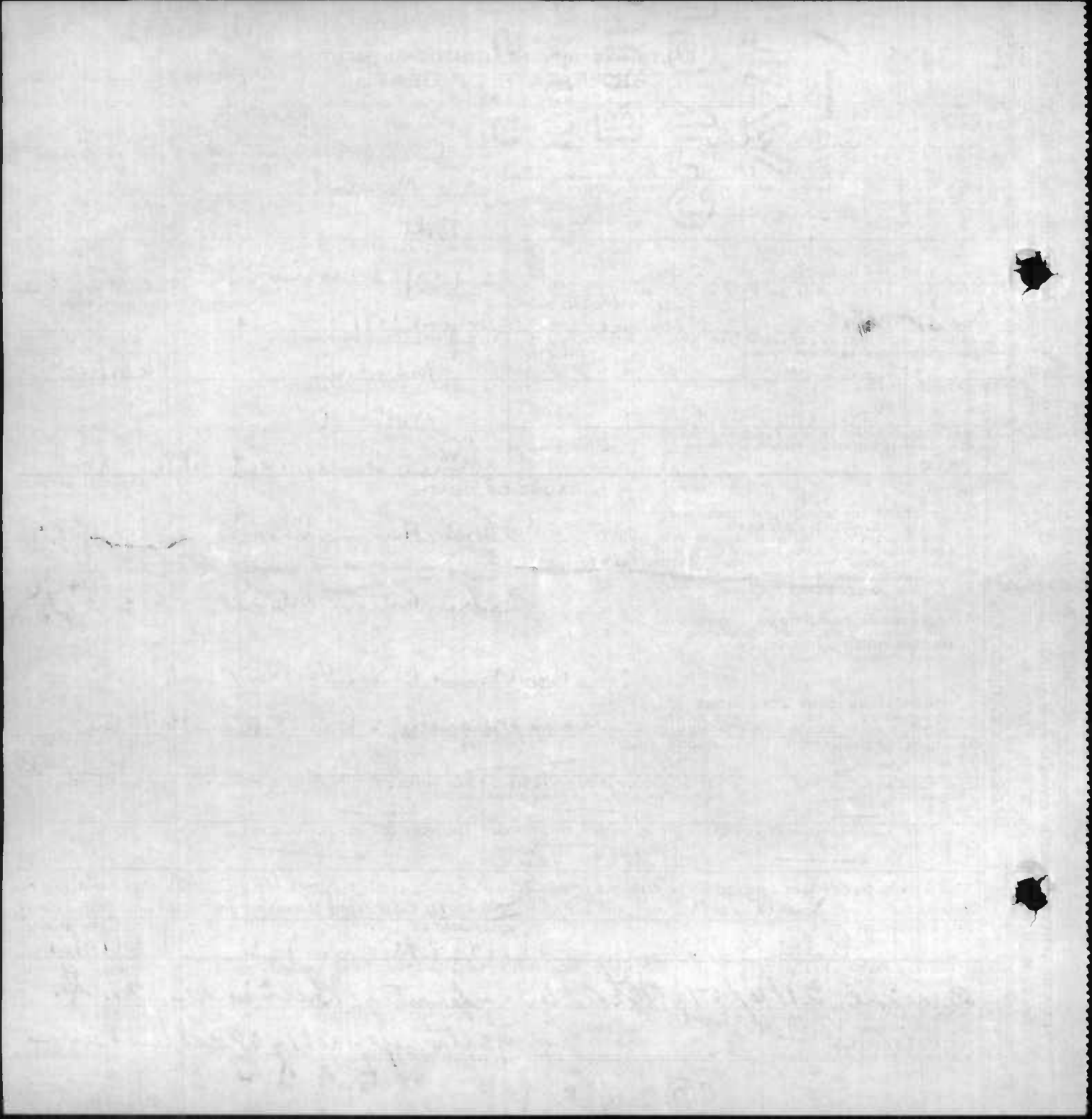
VS 150

19510005443

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



51 5452 51-13781

51 5452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. *P. 625*
1. NAME OF DECEASED
(Type or Print)*Stephanie Rose Priignano*2. DATE OF DEATH
June 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

*before admission)*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *The Union Memorial Hospital*

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

*26-62*c. Length of stay in Baltimore
*New born baby one day old*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4601 Bowleys Lane = residence of mother

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-16-51

9. AGE (in years last birthday)

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

James Joseph Patton

14. MOTHER'S MAIDEN NAME

Rosalie Amelia Malin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

none

17. INFORMANT

mother

ADDRESS

*4601 Bowleys Lane*18. *760.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 16*, 19*51*, to *June 17*, 19*51*, that I last saw the deceased alive on *June 17*, 19*51*, and that death occurred at *2:00* P. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert D. Cox

23B. ADDRESS

M. D.

The Union Memorial Hospital

23C. DATE SIGNED

June 18, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6/19/51

24C. NAME OF CEMETERY OR CREMATORY

Greenwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 19 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

J. J. Fisher 1318 Light

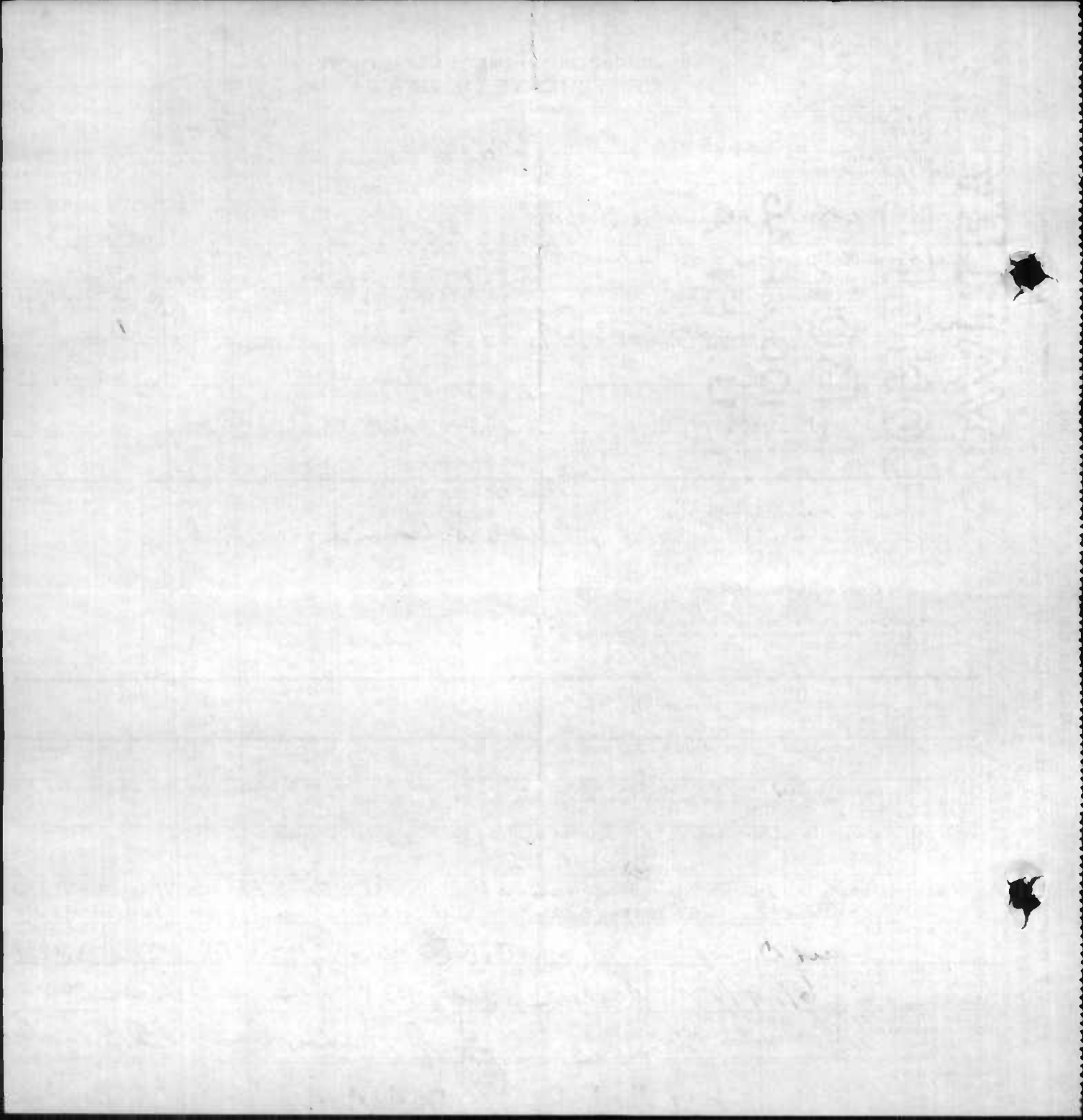
VS 150

19510005444

160a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 5453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5453

Registered No.

BIRTH NO. B-500

1. NAME OF DECEASED (Type or Print) Charles B. Bowen			2. DATE OF DEATH June 17, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 506 Woodbourne Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 30 years Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 506 Woodbourne Avenue 27-48		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 11, 1871	9. AGE (In years last birthday) 80	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME George V. Bowen			14. MOTHER'S MAIDEN NAME Mary F. Gorsuch		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-12-6172	17. INFORMANT ADDRESS J. Frank Bowen 508 Willow Avenue		

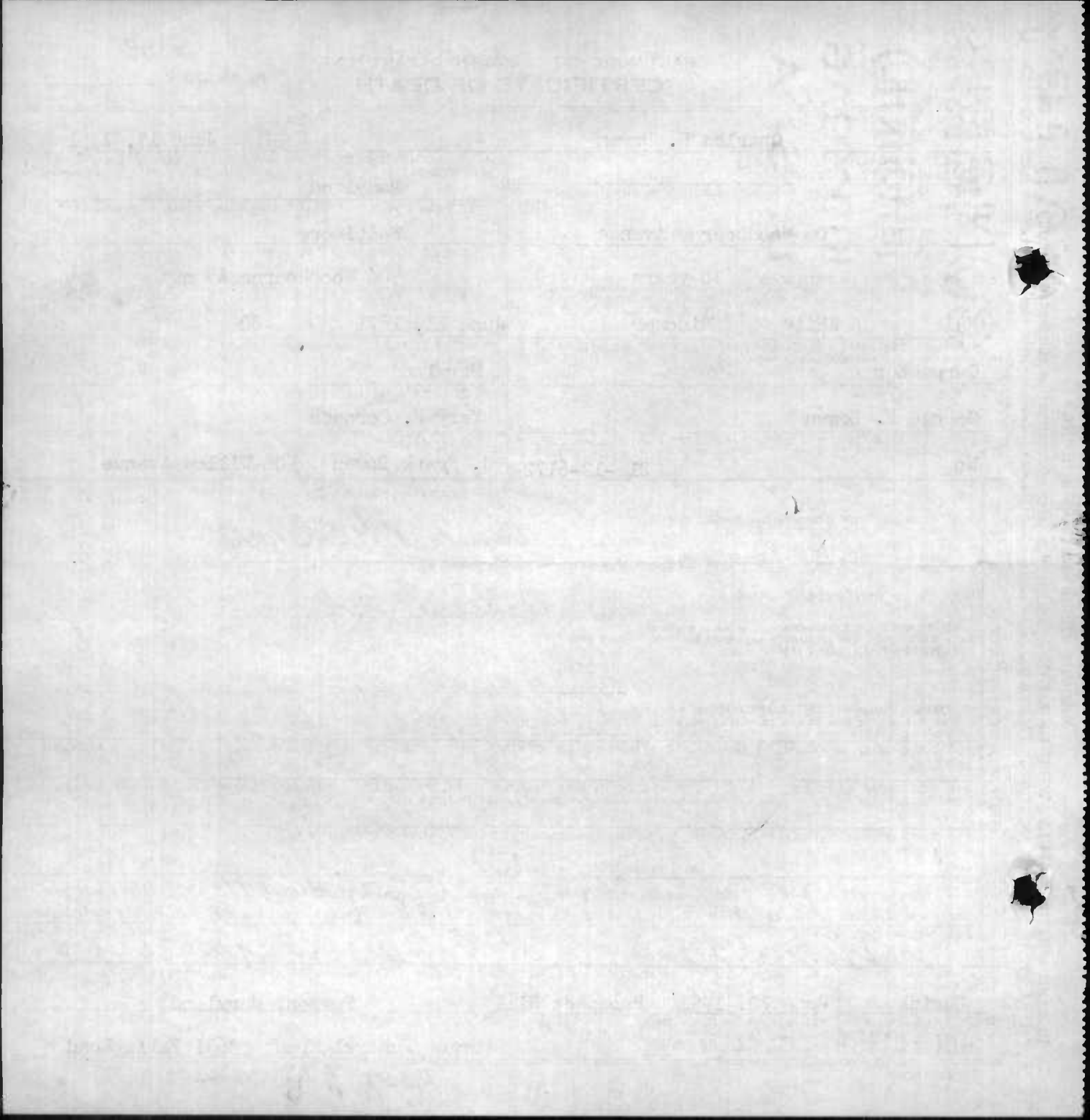
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral HEMORRHAGE DUE TO Anterior Sclerosis DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Cerebral HEMORRHAGE Anterior Sclerosis II			INTERVAL BETWEEN ONSET AND DEATH 2 hours 20 yrs		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 1, 1951 , to June 12, 1951 , that I last saw the deceased alive on June 12, 1951 , and that death occurred at 1:08 A.M. , from the causes and on the date stated above.								
23A. SIGNATURE Ernest J. Davis			23B. ADDRESS 800 W 33rd St			23C. DATE SIGNED 6.18.51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE June 20, 1951			24C. NAME OF CEMETERY OR CREMATORY Prospect Hill		
24D. LOCATION (City, town, or county) (State) Towson, Maryland			25. FUNERAL DIRECTOR Burgee Funeral Home			ADDRESS 3631 Falls Road		

VS 150

19510005

Horace F. Burgee

83a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 5454

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5454

Registered No. _____

BIRTH NO.

A-462

1. NAME OF DECEASED
(Type or Print)ALLERS
FLORENCE K. ALLERS2. DATE
OF
DEATH

June 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5702 Park Heights Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

March 11, 1870

9. AGE (in years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Michael Conway

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

0-

16. SOCIAL
SECURITY NO.

--

17. INFORMANT

ADDRESS

Rd.

Mr. Wallace E. Grothaus -4112 Westview

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

5 yrs.

(C) Arteriosclerosis

5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1946 to June 18, 1951, that I last saw the
deceased alive on June 13, 1951, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23. SIGNATURE

G. L. DeBarber

23B. ADDRESS

4723 Park Heights Ave. June 19, 1951

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/21/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Lickner

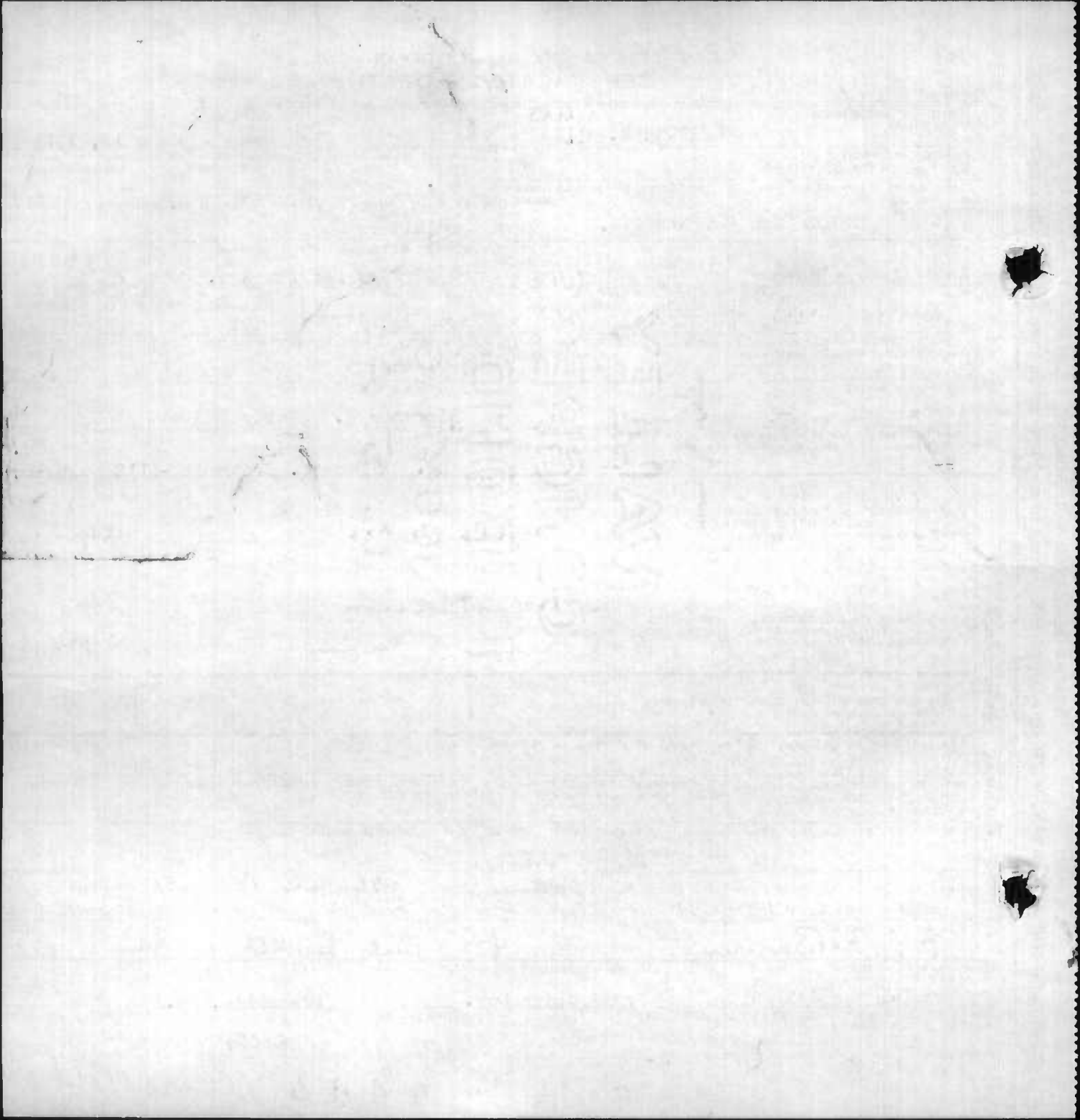
25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Lickner

JUN 19 1951
VS 150

51 5454 1 935 Balto, Md.



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5455

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

William Durant

2. DATE

OF

DEATH

June 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

South Balto. General Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fairfield

D. STREET ADDRESS (If rural, give location)

3013 Thrasher Court

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 17, 1940

9. AGE (In years last birthday)

6

If Under 1 Year

Months

If Under 24 Hours

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Fairfield Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis Durant

14. MOTHER'S MAIDEN NAME

Martha Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Louis Durant

ADDRESS

3013 Thrasher St.

18.

E919.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Drowning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Water

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

Water at foot of Childs Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 16, 1951 7:00 P.m.

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped & fell into water while playing

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William U. [Signature]

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 12, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/20/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 15 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Miss Katie R. Williams

ADDRESS

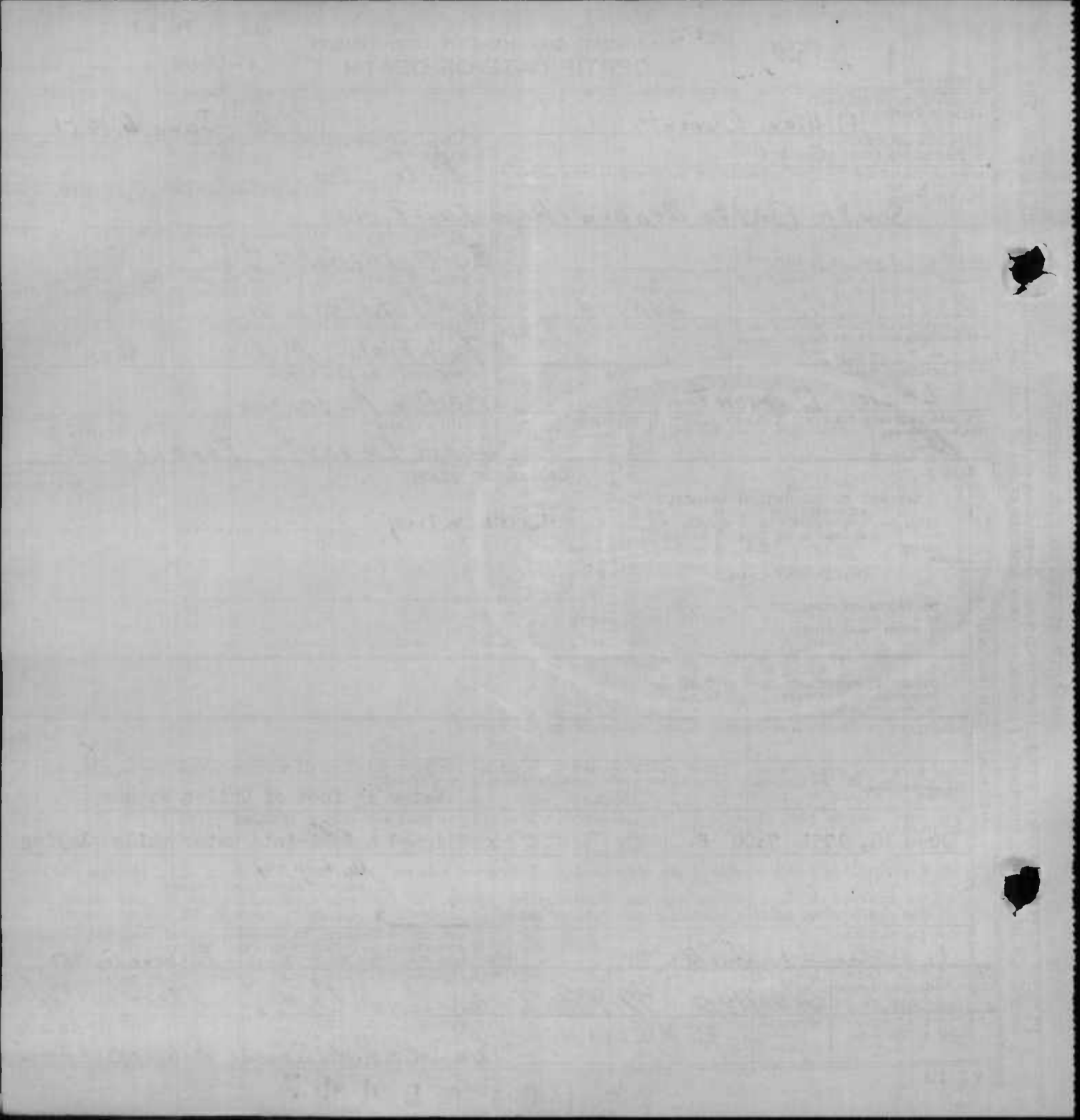
322 N. Schroeder St.

VS 151

N990X

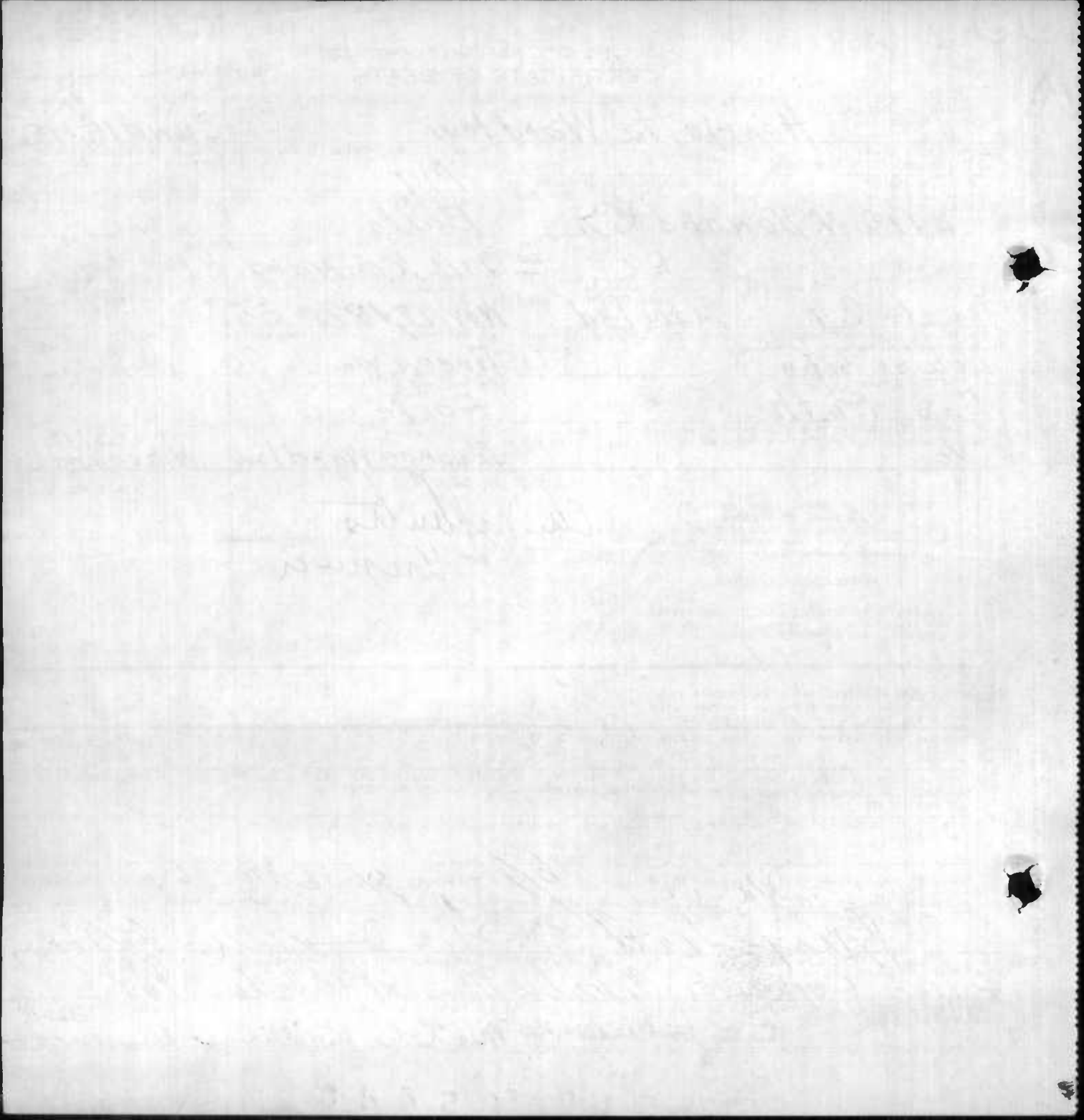
19510005447

183



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 5456		BALTIMORE CITY HEALTH DEPARTMENT		51 5456	
BIRTH NO. <i>W 634</i>		CERTIFICATE OF DEATH		Registered No. _____	
1. NAME OF DECEASED (Type or Print) <i>Henrietta Wardlow</i>			2. DATE OF DEATH <i>June 15, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2112 N. Howard St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
c. Length of stay in Baltimore <i>28</i> Yrs. <i>Ms.</i> <i>Days</i>			D. STREET ADDRESS (If rural, give location) <i>2112 N. Howard St 12-07</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	B. DATE OF BIRTH <i>Nov. 17, 1895</i>	9. AGE (In years last birthday) <i>56</i>	II Under 1 Year Months: Days III Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Greenwood S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Gas Ruth</i>			14. MOTHER'S MAIDEN NAME <i>Roxie ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>George Wardlow 2112 N. Howard St</i>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Ch. Nephritis & Urineci</i>			INTERVAL BETWEEN ONSET AND DEATH		
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/15/51</i> to <i>6/15/51</i> , that I last saw the deceased alive on <i>6/15/51</i> , and that death occurred at <i>11 PM.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>George Wardlow</i>		23B. ADDRESS <i>2112 N. Howard St</i>		23C. DATE SIGNED <i>6/15/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/29/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial</i>	
24D. LOCATION (City, town, or county) (State) <i>Arbutus Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>		24F. LOCATION (City, town, or county) (State) <i>Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>1951</i>		REGISTRAR'S SIGNATURE <i>Stanton Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Mrs. Katie R. Williams Schreder St 3220</i>	



AB-142316

51

5457

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

5457

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Harris

2. DATE
OF
DEATH

6-15-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Randall

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Crownsville

D. STREET ADDRESS (If rural, give location)

Crownsville State Hospital

c. Length of stay in Baltimore

38yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 8-1886

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Janitor, Newth Morris Box Factory

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Edmund Harris

14. MOTHER'S MAIDEN NAME

Katie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes World War # I

16. SOCIAL
SECURITY NO.

218-07-7883

17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of Stomach c Metastasis
of Liver and Pancreas.

10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-11-1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Stomach

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7-1950, to 6-15-1951 that I last saw the
deceased alive on 6-15-1951, and that death occurred at 11.05 Pm., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Hogan

M. O.

23B. ADDRESS

4940 Eastern Ave. Baltimore, Md.

23C. DATE SIGNED

6-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-20-1951

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Ruth H. Williams

25. FUNERAL DIRECTOR

ADDRESS

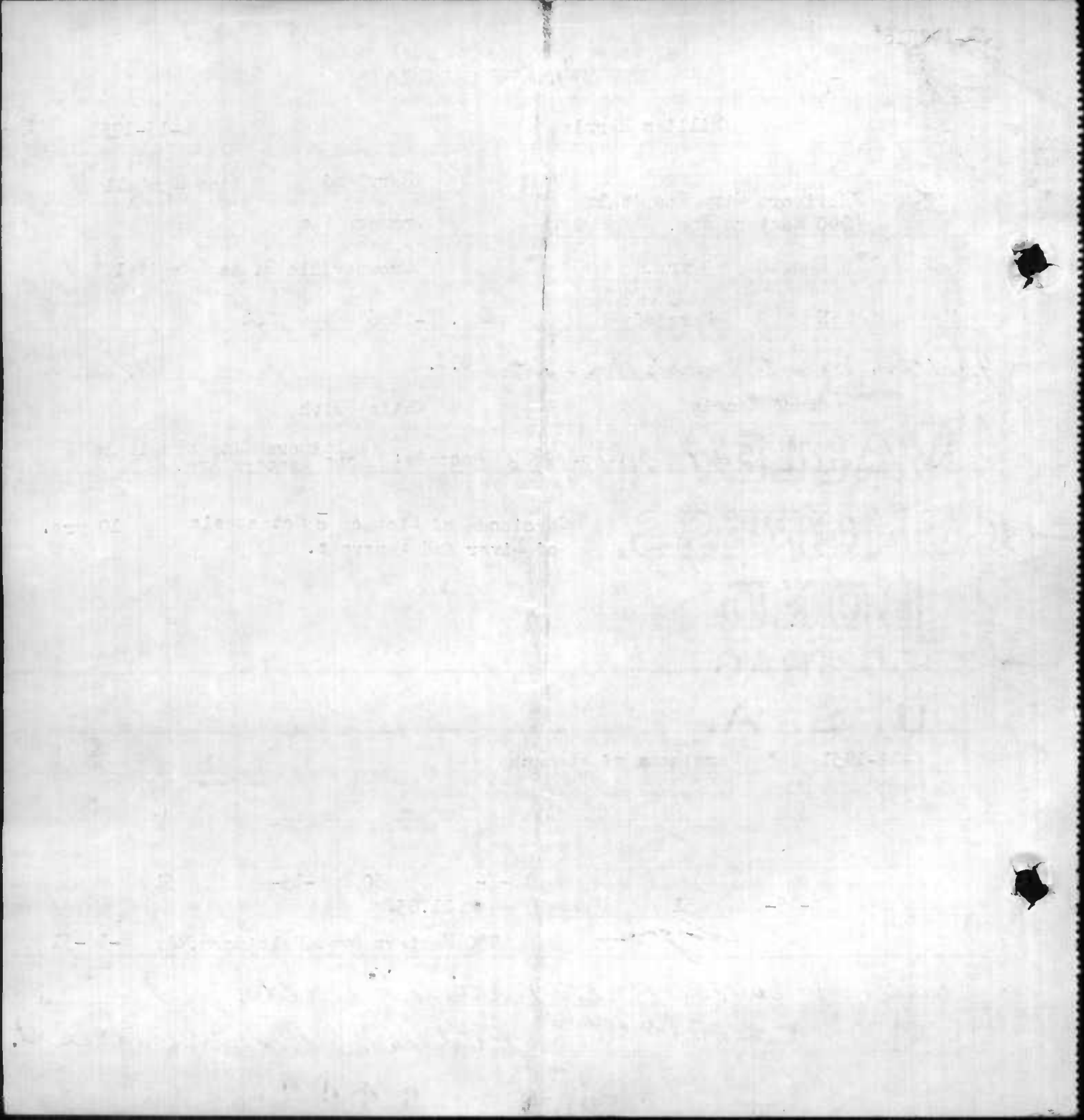
Randolph J. Ballick 1532 Biddle St.

VS 150

7704K

510505449

46B



51 5458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5458

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ETHEL

CROCKETT

2. DATE
OF
DEATH

June 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

321 S. Gilmore Street

19-03

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)

42 ?

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. E900.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cavernous sinus thrombosis

2 weeks

DUE TO laceration of left eyelid

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

642 W. Fayette Street

4/2

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
May ? 195121E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Slipped and fell down steps

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Grebliauckas

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

August 1, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-20-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Brooklyn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

6-19-51

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

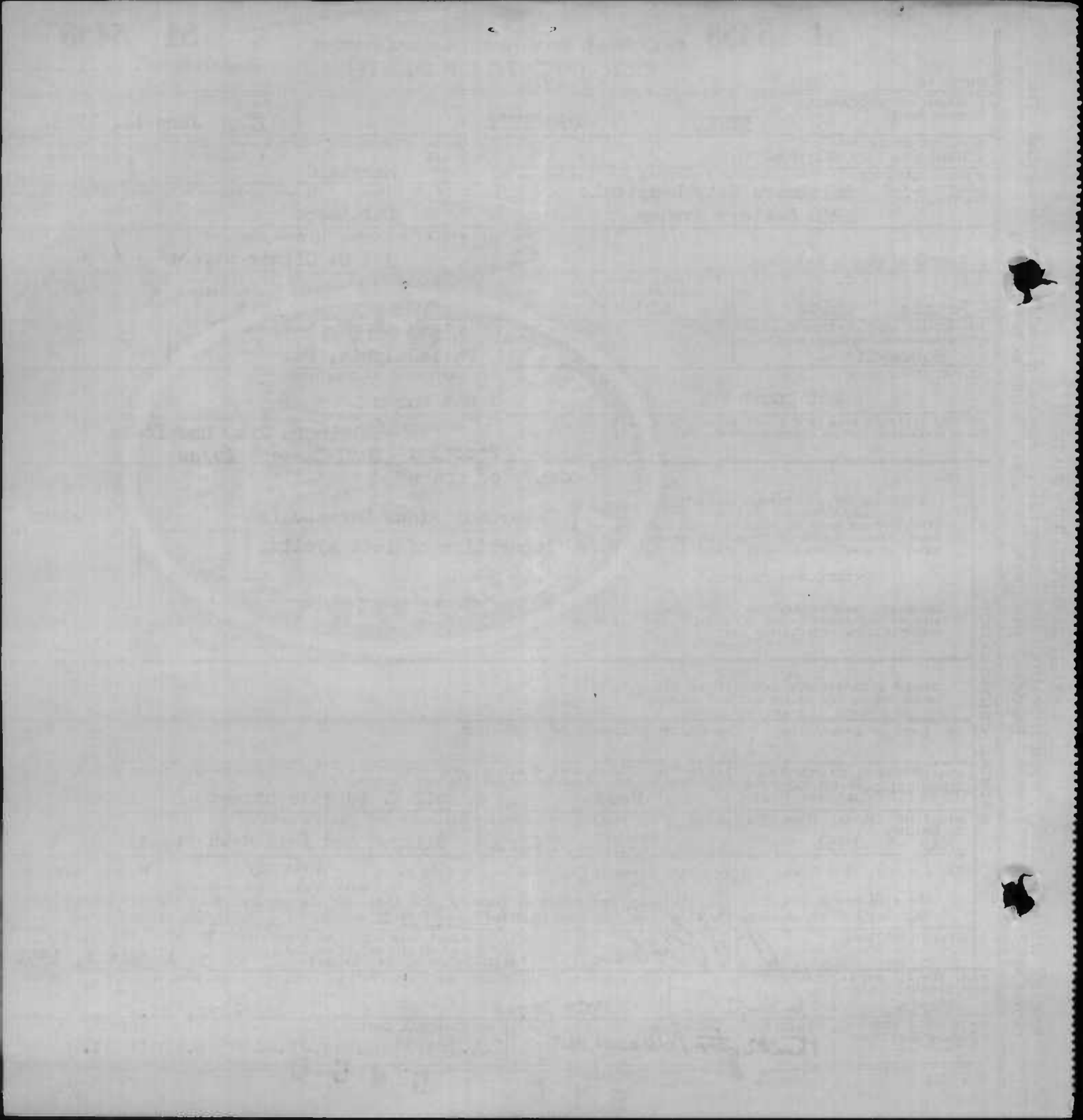
25. FUNERAL DIRECTOR

J.A. Grebliauckas, Jr. - 1905 E. Pratt St.

VS 151

N-9955 510005450

186a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5459
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Elizabeth Cushing Knapp*2. DATE
OF
DEATH*June 18-1951*

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

*md*5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)*3 Club Road*6. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore*

7. STREET ADDRESS (If rural, give location)

3 Club Road 27-1X

8. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

9. SEX

Female

10. COLOR OR RACE

*White*11. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

12. DATE OF BIRTH

*July 14-1878*13. AGE (In years
last birthday)*72*14. If Under 1 Year
Months: Days15. If Under 24 Hours
Hours: Min.16. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*House*17. KIND OF BUSINESS OR
INDUSTRY

18. BIRTHPLACE (State or foreign country)

*St Louis*19. CITIZEN OF
WHAT COUNTRY?*USA*

20. FATHER'S NAME

John Cushing

21. MOTHER'S MAIDEN NAME

*W helon*22. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)*no*23. SOCIAL
SECURITY NO.

24. INFORMANT

ADDRESS

*Charles H Knapp Puxton md*25. *443X I*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral Hemorrhage*

DUE TO

7 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *H. C. V. D.*

DUE TO

10 YEARS

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Obesity**?*

26. DATE OF OPERATION

27. MAJOR FINDINGS OF OPERATION

28. AUTOPSY?

YES ☐ NO ☒29. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH30. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)31. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)32. TIME (Month) (Day) (Year) (Hour)
OF INJURY

33. INJURY OCCURRED

34. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK35. I hereby certify that I attended the deceased from *March*, 19*49*, to *June 18*, 19*51*, that I last saw the
deceased alive on *June 18*, 19*51*, and that death occurred at *5:30* a. m., from the causes and on the date stated above.

36. SIGNATURE

Dr. M. Scott

M. D.

37. ADDRESS

8 Longwood Road

38. DATE SIGNED

*6/18/51*39. BURIAL / CREMA-
TION, REMOVAL (Specify)*Burial*

40. DATE

June 20, 1951

41. NAME OF CEMETERY OR CREMATORY

Mount

42. LOCATION (City, town, or county)

Balto md

(State)

43. DATE RECEIVED BY
LOCAL REGISTRAR

44. REGISTRAR'S SIGNATURE

Wm. Williams, M.D.

45. FUNERAL DIRECTOR

ADDRESS

H W Jenkinson 4905 York Rd.

VS 150

51 5459

937

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

51 5460 CERTIFICATE CORRECTED 6-25-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5460

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *GLORIA JEAN*2. DATE
OF
DEATH*June 19, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*THE JOHNS HOPKINS HOSPITAL*

D. STREET ADDRESS (If rural, give location)

3205 Bunker Hill Rd.

C. Length of stay in Baltimore

*3 days*Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.*Female White**Single**2-22-41**10*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*None*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Washington, D. C.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Leffersan Welsh

14. MOTHER'S MAIDEN NAME

*Marian L. Erhardt*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*THE JOHNS HOPKINS HOSPITAL*18. *754.0*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

*June 19, 1951**Congenital Heart Disease: Tetralogy of Fallot*

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from *6-17*, 1951, to *6-19*, 1951, that I last saw the
deceased alive on *6-19*, 1951, and that death occurred at *930 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. L. Salvator Jr.

M. D.

*THE JOHNS HOPKINS HOSPITAL*24A. (BURIAL, CREMA-
TION, REMOVAL) (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*20 June 51 Glenwood**Washington D.C.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

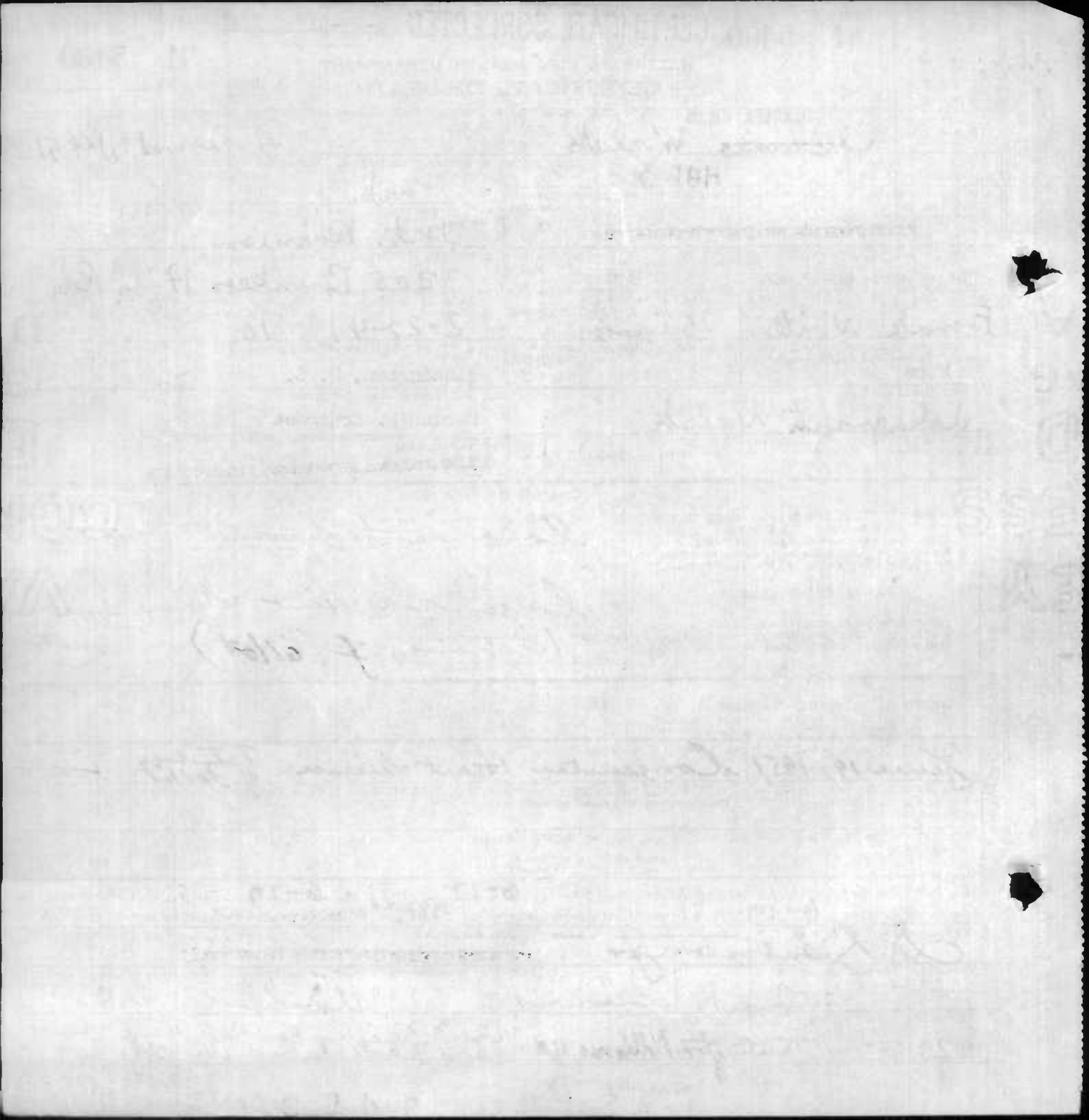
ADDRESS

*JUN 20 1951**Wm. J. Halley Funeral Home Inc.**3205 Rhode Island Ave. N.E.*

VS 150

1951 0005452 157E

Mt. Rainier Md.



51 5461

51 5461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Thomas Miller

2. DATE
OF
DEATH

June 13, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)Md Talbot
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

7033

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

THE JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12-16-99

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bar tender

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Miller

TAVAR

14. MOTHER'S MAIDEN NAME

Louise Ellis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Lung

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6/11/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Lung

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7, 1951, to 6/13, 1951, that I last saw the
deceased alive on 6/13, 1951, and that death occurred at 12:00 m., from the causes and on the date stated above.

23A. SIGNATURE

J. W. P. J. Thrus

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-16-51

24C. NAME OF CEMETERY OR CREMATORY

Copperville Cemetery

24D. LOCATION (City, town, or county)

Coston, Talbot Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

6/14/51

REGISTRAR'S SIGNATURE

N. H. Neeson

25. FUNERAL DIRECTOR

Carl W. Hofford

ADDRESS

Coston Md

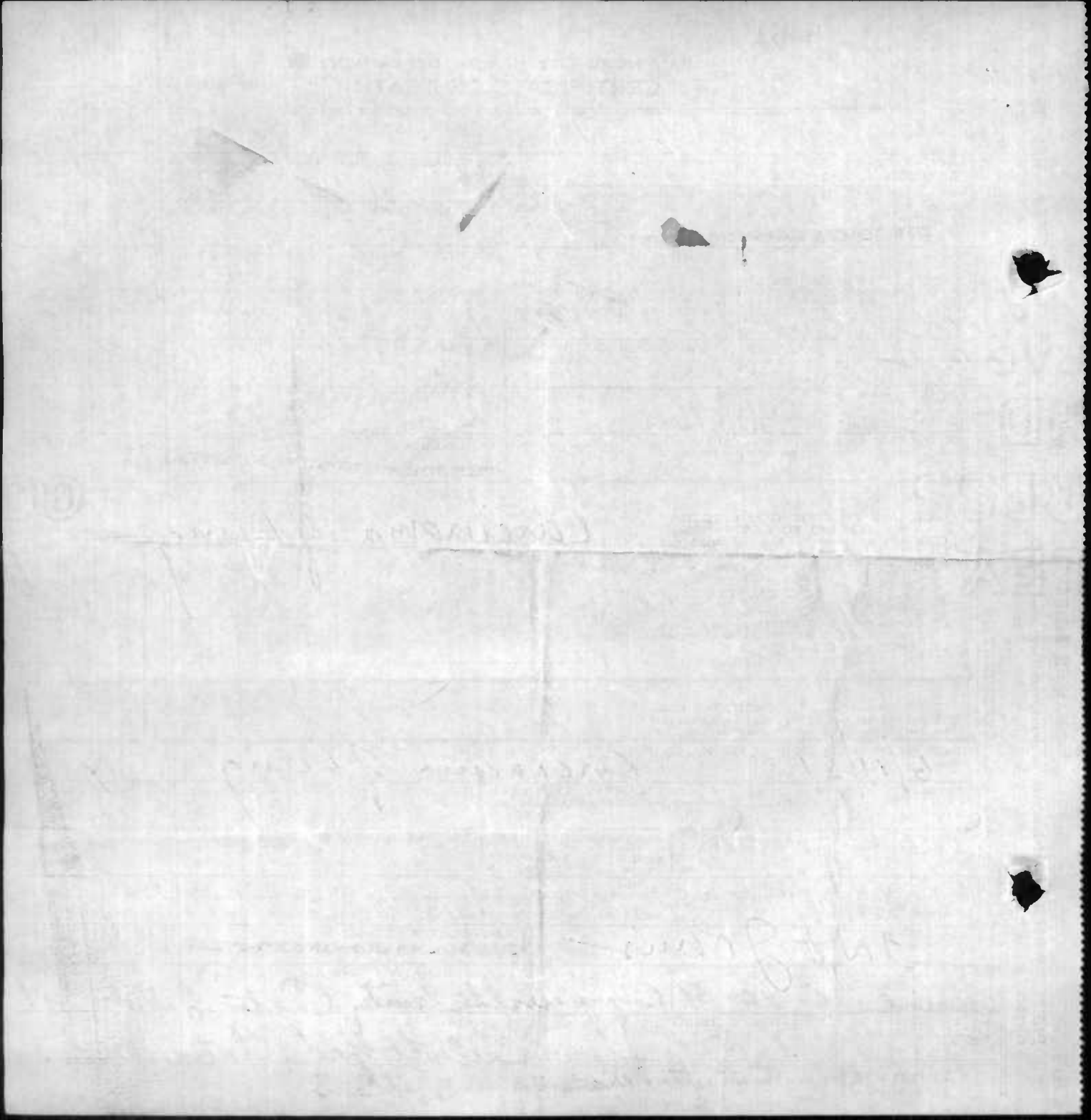
JUN 20 1951

50 615 453

477

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



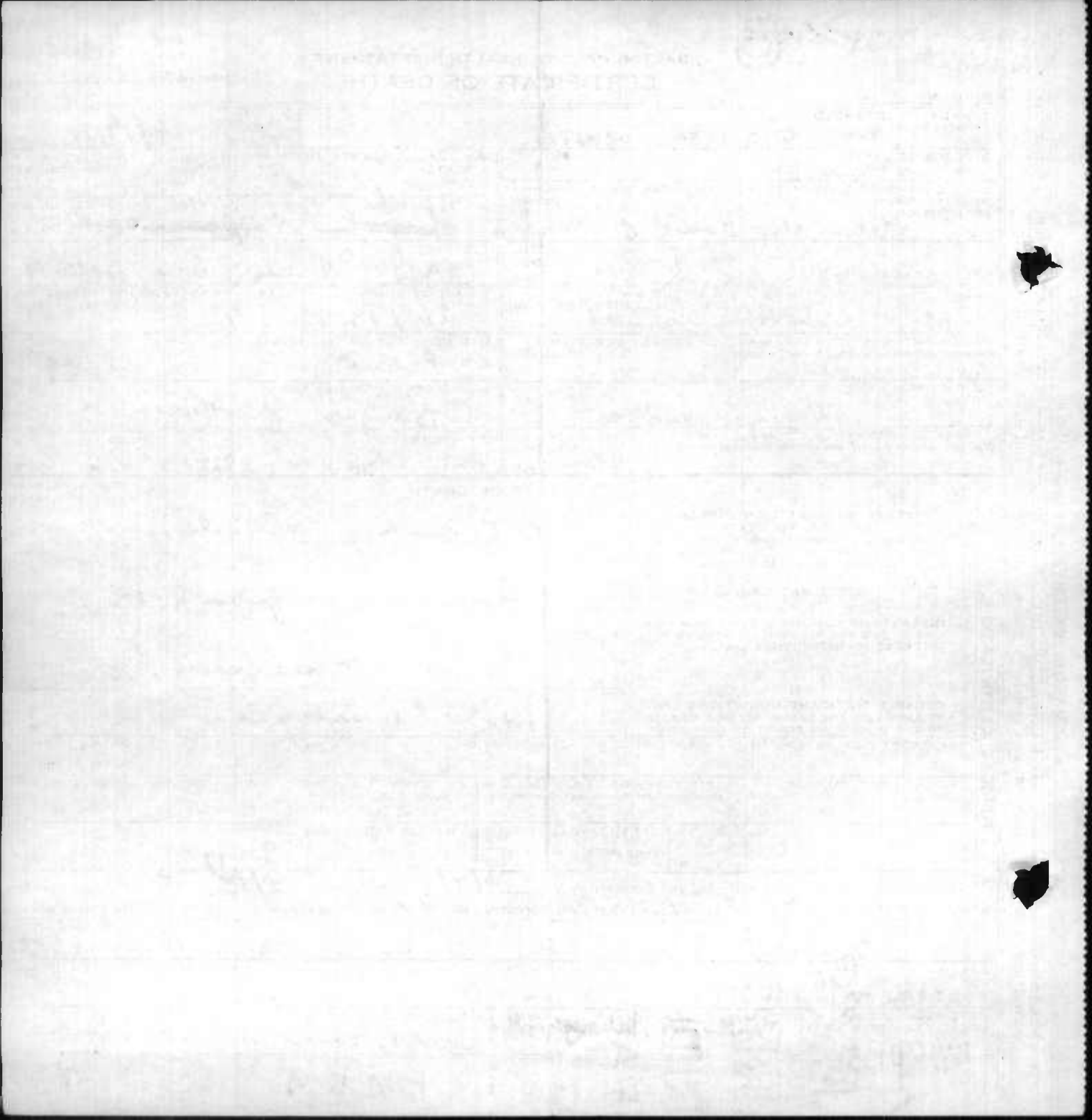
W-300 51 5462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5462

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mr. CHARLES WHITE.</i>		2. DATE OF DEATH <i>6/17/51.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Charles H. Home & Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rural - Jessup - Balt.</i>			
c. Length of stay in Baltimore <i>20 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>2925 Wells Ave. Balto 19.</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>White.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married.</i>	8. DATE OF BIRTH <i>2/10/1907.</i>	9. AGE (In years last birthday) <i>44.</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>WEIGHMASTER</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>STEEL MILL</i>		11. BIRTHPLACE (State or foreign country) <i>Penna.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		13. FATHER'S NAME <i>Harry White.</i>			
14. MOTHER'S MAIDEN NAME <i>Berger Miller.</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <i>213-07-1713</i>		17. INFORMANT ADDRESS <i>Pts. wife - 2925 Wells Ave.</i>			
18. <i>433.1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Pulmonary embolism</i>		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Arteriosclerotic fibrosation.</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO <i>Cerebral thrombosis, i.e. Rt. hemiplegia.</i>					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/7/51</i> , 19 <i>51</i> , to <i>6/17/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/17/51</i> , 19 <i>51</i> , and that death occurred at <i>4 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. Reed Carroll</i> M.D.		23B. ADDRESS <i>Charles H. Home Hosp.</i>		23C. DATE SIGNED <i>6/18/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>6/20/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>PARKWOOD</i>	
24D. LOCATION (City, town, or county) (State) <i>TAYLOR AVE</i>		25. FUNERAL DIRECTOR ADDRESS <i>JOHN F. DENNY, INC. 715 LIGHT ST</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 20 1951</i>		REGISTRAR'S SIGNATURE <i>W. Reed Carroll</i>			



51 5463

51 5463

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary A. Stewart

2. DATE
OF
DEATH

June 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1619 Belts Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

8. DATE OF BIRTH

Jan 30, 1884

9. AGE (In years last birthday)

67

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

housewife

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

George J. Vinson

14. MOTHER'S MAIDEN NAME

Emily Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mary M. Boon 1517 Borington

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

Arterio-sclerotic Heart Disease

DUE TO

(C)

Arterio-sclerotic

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/23/1948 to 6/9/1951 that I last saw the deceased alive on 5/8/1951, and that death occurred at 4a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. P. Friedman

23B. ADDRESS

1319 Lytle St.

23C. DATE SIGNED

6/19/51

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 20 1951

Huntington Williams, Jr.

P. Howard Evans 1400 S. Charles St

VS 150

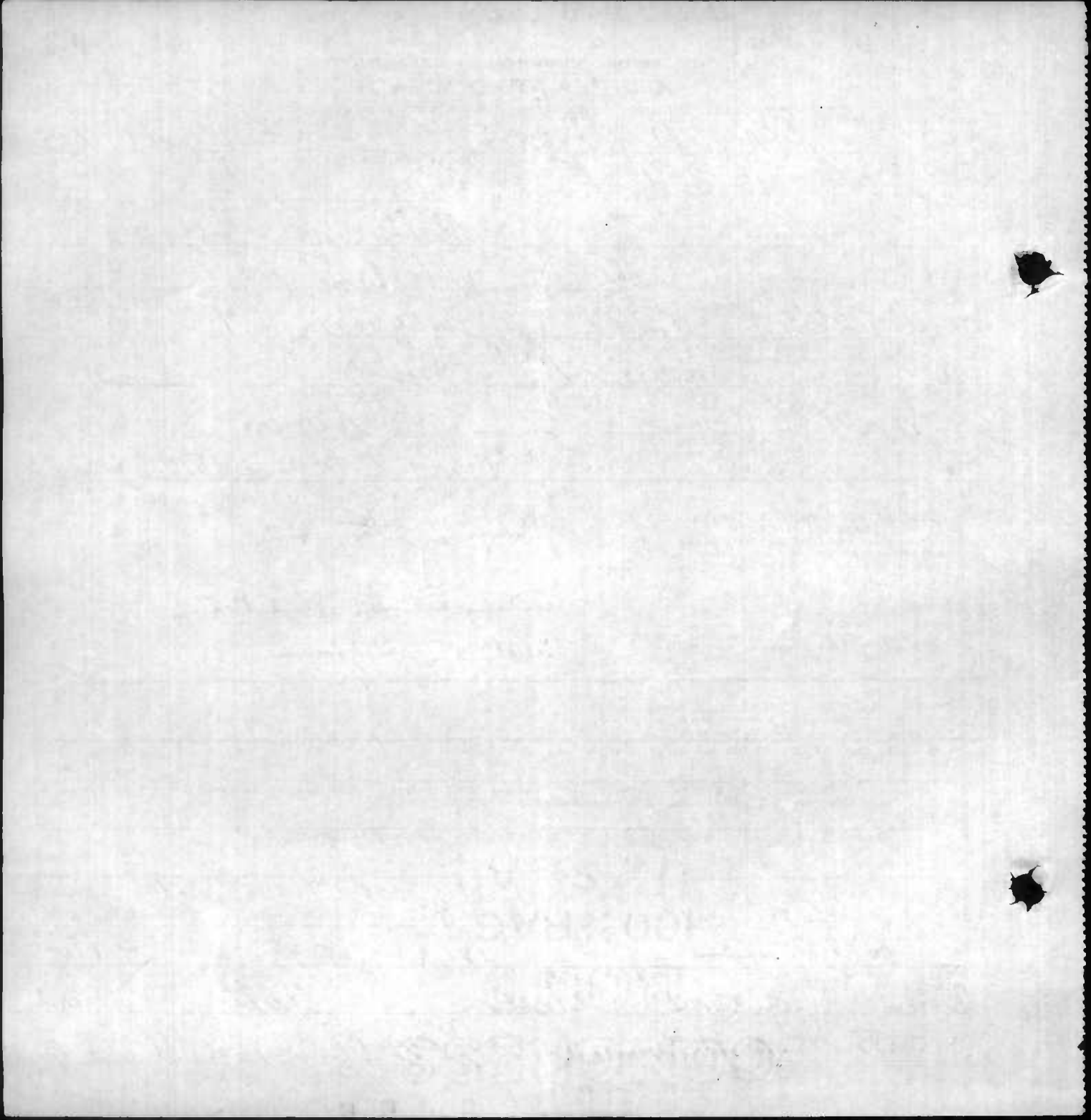
1951-5463

93c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION



525 51 5464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5464
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSIE

JOHNSON

2. DATE
OF DEATH
June 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-01

D. STREET ADDRESS (if rural, give location)

1370 Woodyear St.

c. Length of stay in Baltimore

45 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)
63If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Mary's Co.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Chase

14. MOTHER'S MAIDEN NAME

Amanda

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley S. Dureloach

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
June 18, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 20 1951

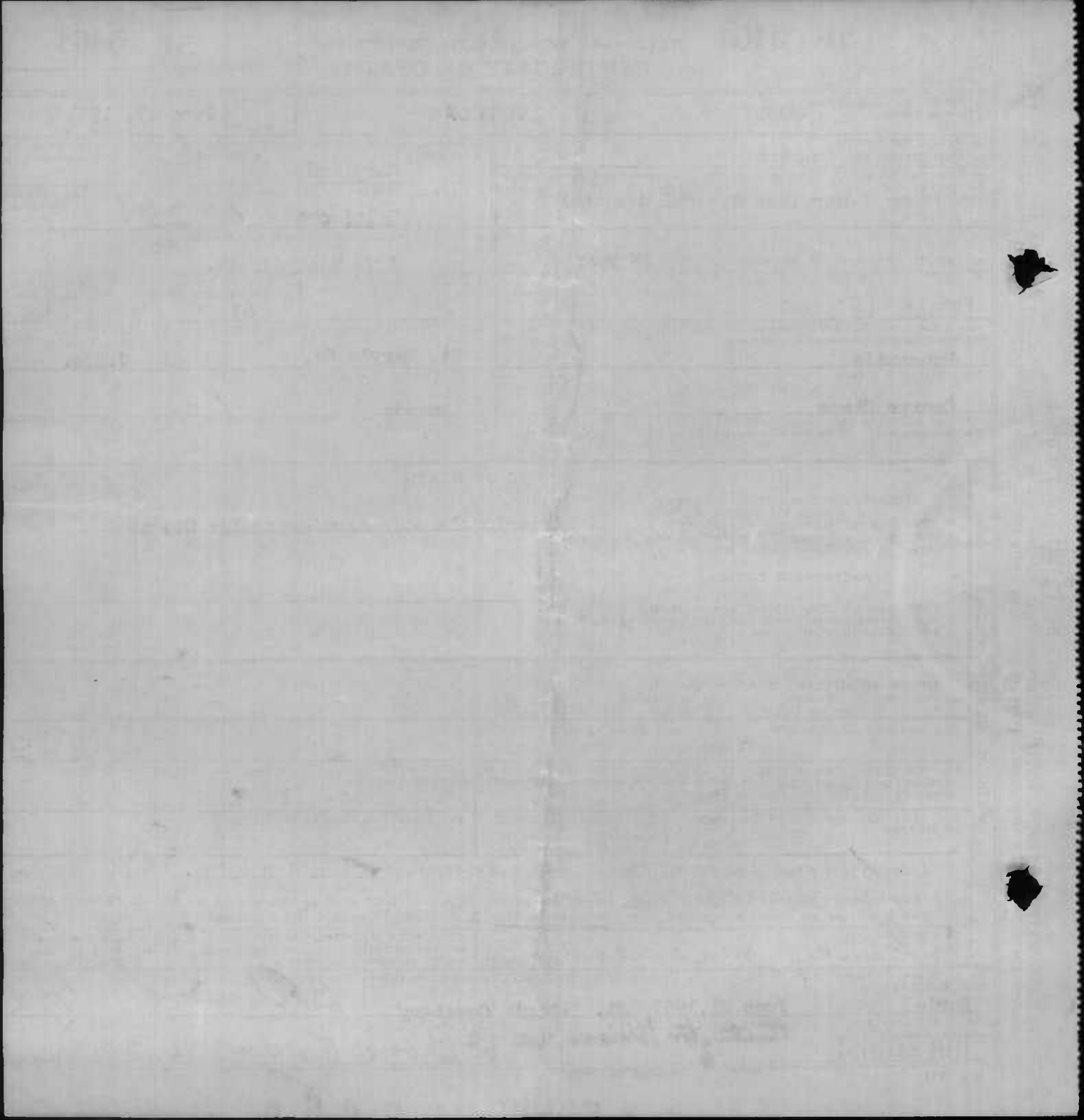
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

V. Brooks Ruggold 1463 N. Carroll

ADDRESS



300 51 5465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5465

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Julia A. Wood*2. DATE
OF
DEATH*June 18, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1507 Druid Hill Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION _____C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore *14-06*D. STREET ADDRESS (If rural, give location)
*1507 Druid Hill Ave*c. Length of stay in Baltimore *Life*Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

*colored*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*June 27, 1861*9. AGE (In years
last birthday)*89*10. Under 1 Year
Months Days*11 21*11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY*at home*

11. BIRTHPLACE (State or foreign country)

*Md.*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

John B. Archer

14. MOTHER'S MAIDEN NAME

*Mary Meredith*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO. _____

17. INFORMANT

ADDRESS

Mary T. Stokes, 1505 Druid Hill Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) *Congestive Heart Fail.*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*?*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Essential Hypertension*

DUE TO

2 YES

II

(C) *AHCV**?*OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Apr. 4*, 19*41*, to *June 18*, 19*41*, that I last saw the
deceased alive on *June 18, 1951* and that death occurred at *11:55 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

George McDonald

M. D.

23B. ADDRESS

844 N. Carey St. Baltimore, Md. 6/19/51

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

June 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State)

*Baltimore Co. Md.*DATE RECEIVED BY
LOCAL REGISTRAR*JUN 20 1951*

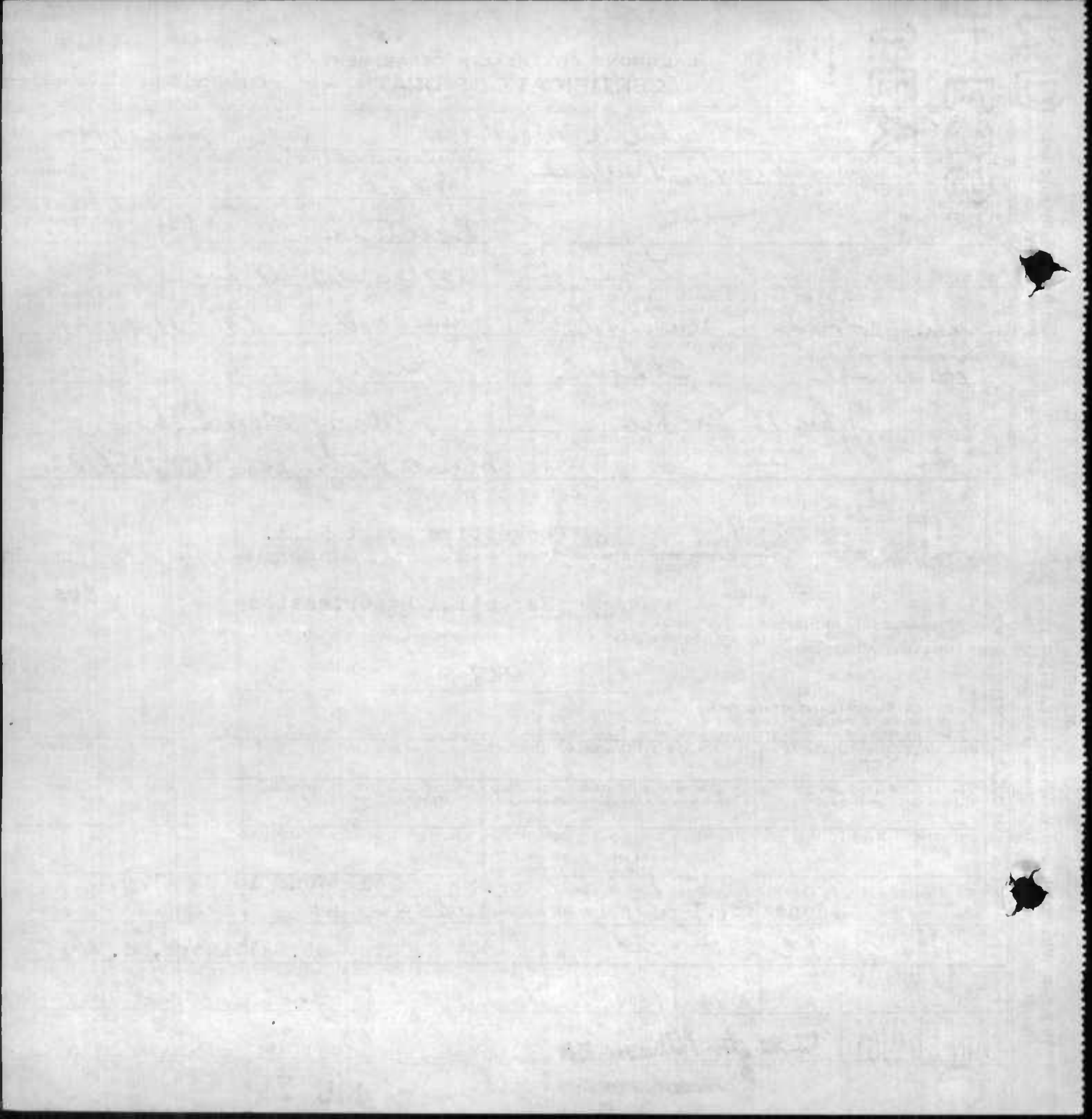
REGISTRAR'S SIGNATURE

Timothy H. Williams, M.D.

25. FUNERAL DIRECTOR

John M. Johnson, 1700 Druid Hill Ave

ADDRESS



51 5466

CERTIFICATE CORRECTED 7-2-51

51 5466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

Under 1 Year

Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZENSHIP
(What country?)

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1946, to 6-19, 1951, that I last saw the
deceased alive on 6-19, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

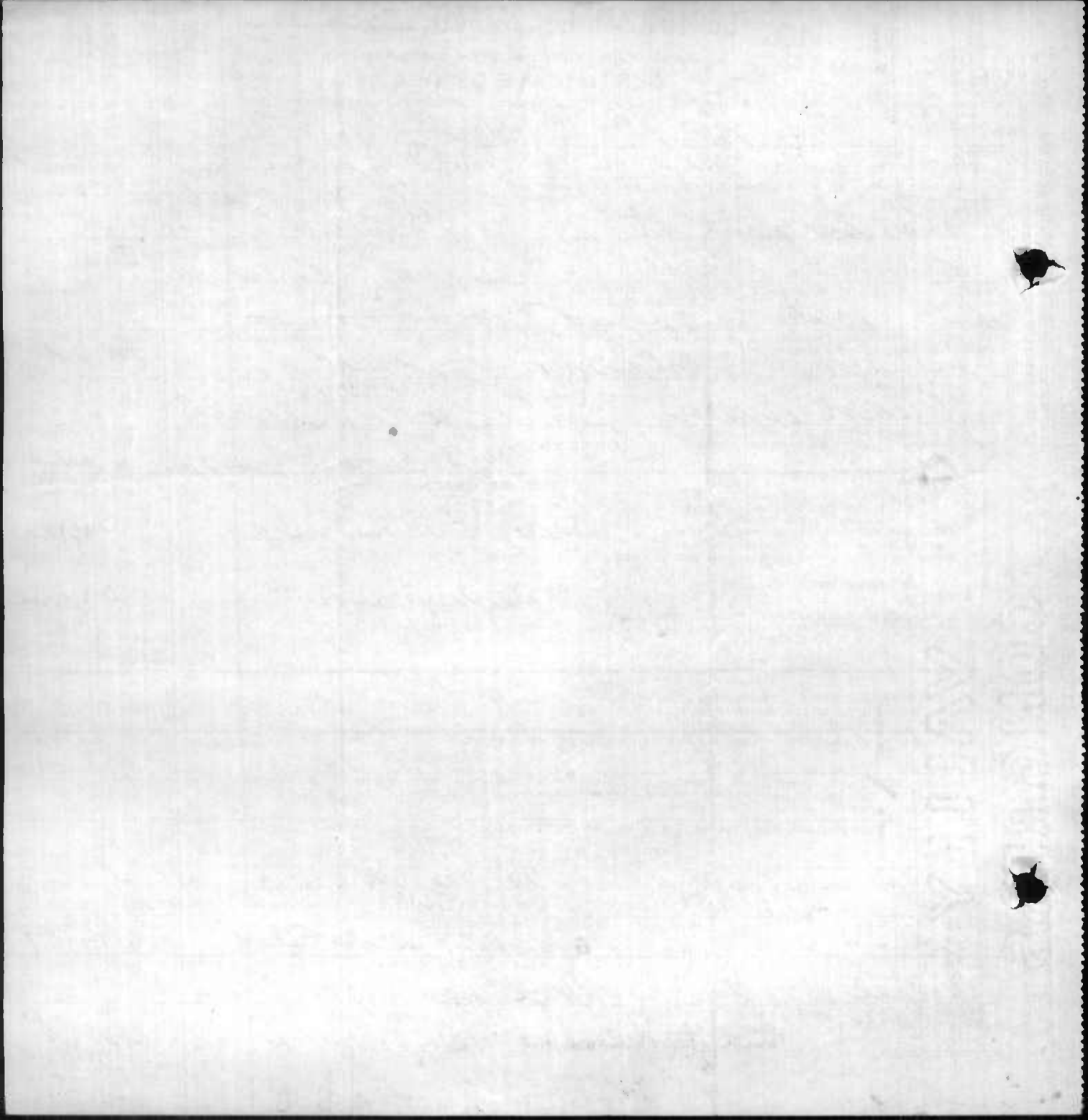
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5467

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clementine A. Cooke

2. DATE
OF
DEATH

6/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

4200 Barrington Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 25-41

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4200 Barrington Rd.

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

7/13/1881

9. AGE (In years,
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Peter J. Steckmeyer

14. MOTHER'S MAIDEN NAME

Anna Hessler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Mrs Ernest H. Lutz 4 Barrington Rd.

ADDRESS

18.

4200

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Atherosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Hemorrhage

DUE TO

5 1/2 wks

(C) Cardiac Dilatation

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1951, to June 18, 1951, that I last saw the
deceased alive on 6-18, 1951, and that death occurred at 10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Vincent M. Meschino

M. D.

23B. ADDRESS

1403 S. Charles St

23C. DATE SIGNED

6-19-51

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

6/21/51

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

3801 Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 20 1951

REGISTRAR'S SIGNATURE

Timothy H. Williams

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

201

WALLEY
CONGRES

51 5468
400BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5468

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theresa G Scally

2. DATE
OF DEATH June 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-07

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2528 Aisquith St

C. Length of stay in Baltimore 40 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2528 Aisquith St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 12, 1885

9. AGE (In years last birthday)

65

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

Patrick Scally

14. MOTHER'S MAIDEN NAME

Annie Cummings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

m m Brode

4528 Carnegie de Sent

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

(A) Adeno Carcinoma Rectum

18 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Hyperfunction Adeno Carcinoma

2 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Chronic Ischaemic Heart Disease

2 yrs

19A. DATE OF OPERATION

Dec 1949

19B. MAJOR FINDINGS OF OPERATION

Adeno Carcinoma Rectum

Autopsy Performed

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 18, 1949, to June 18, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

S. Ross, F. A. Stowers

M. D.

23B. ADDRESS

2878 Hartford Rd

23C. DATE SIGNED

6-19-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

June 21, 1951

St Joseph's Cemetery

Texas Baltimore Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 20 1951

T. W. Williams, Jr.

J. Melville Jenkins 2713 Kirk Ave.

RECEIVED
IN THE
OFFICE OF THE
SHERIFF



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN MICHAEL CONRAD

2. DATE OF DEATH
June 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Marine Hospital

INSTITUTION Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 3-02

D. STREET ADDRESS (If rural, give location)

800 block Pratt Street

c. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/14/93

9. AGE (in years last birthday)

58

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None-Retired SEAMAN

10B. KIND OF BUSINESS OR INDUSTRY

U.S. NAVY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew Conrad

14. MOTHER'S MAIDEN NAME

Rosie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I - USN

16. SOCIAL SECURITY NO.

?

17. INFORMANT

Records- US Marine Hospital, Balto, Md.

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Squamous cell carcinoma involving right lateral pharyngeal wall and base of tongue.
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 27, 1951, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

William H. Bell, Jr.

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

6/18/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd. Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 20 1951

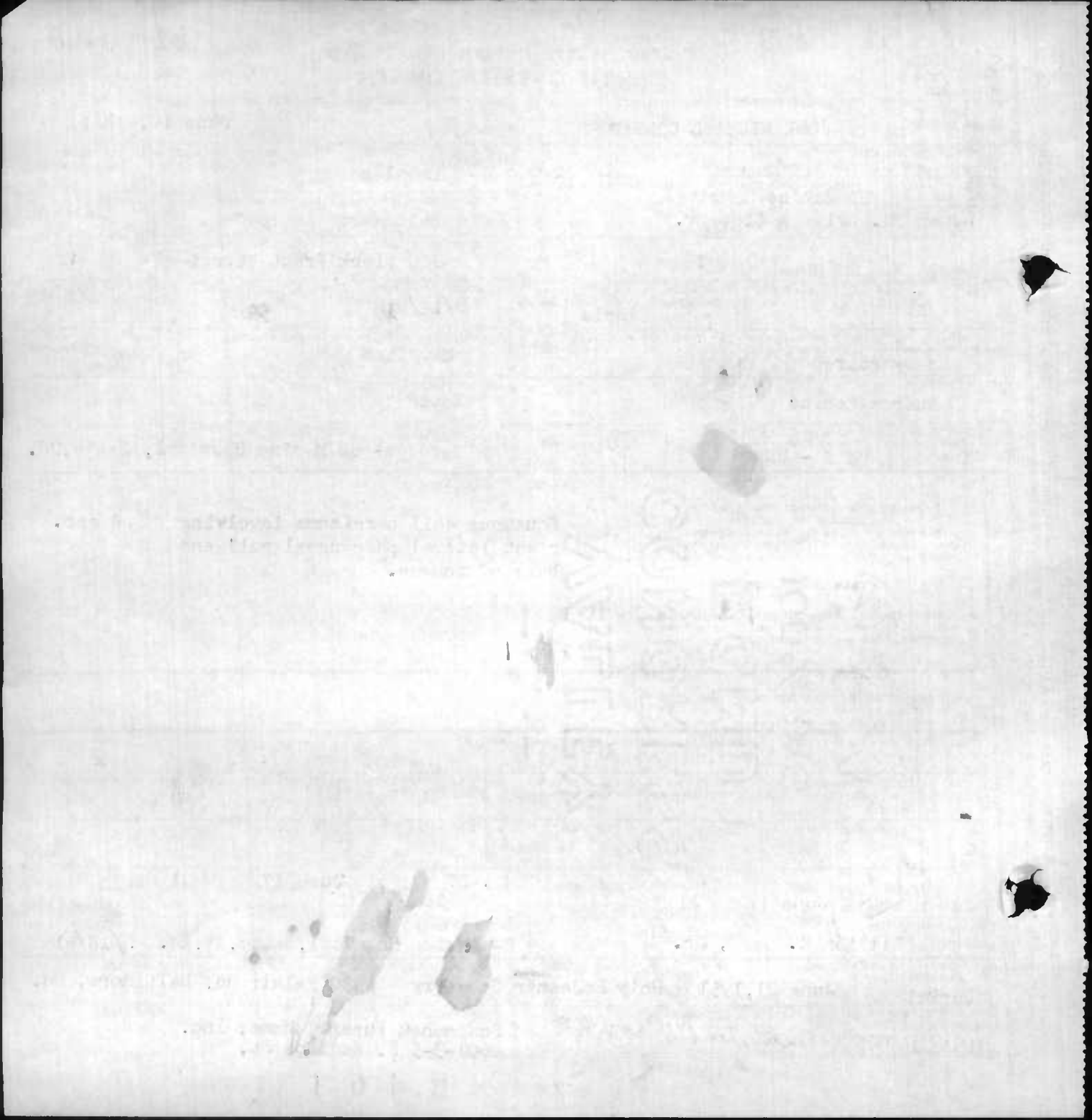
REGISTRAR'S SIGNATURE

Kuntigton Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

AUGUST J. DESORT, SR.

2. DATE
OF
DEATH

June 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3118 Clifftmont Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-01

c. Length of stay in Baltimore

75 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3118 Clifftmont Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 24, 1859

9. AGE (In years
last birthday)

91

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired tailor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

August Desort

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen Schmitt, dght, above

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

6/15/51

ANTECEDENT CAUSES

(B)

DUE TO

Chr. Myocarditis

1/1/50

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Generalized Arterio Sclerosis

1/1/41

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from June 1, 1951, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 8:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

R. J. R. R. R.

M. D.

23B. ADDRESS

801 E. Kewora Rd

23C. DATE SIGNED

June 19, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 20, 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, & county)

North Ave. & Rose St. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. J. R. R. R.

25. FUNERAL DIRECTOR

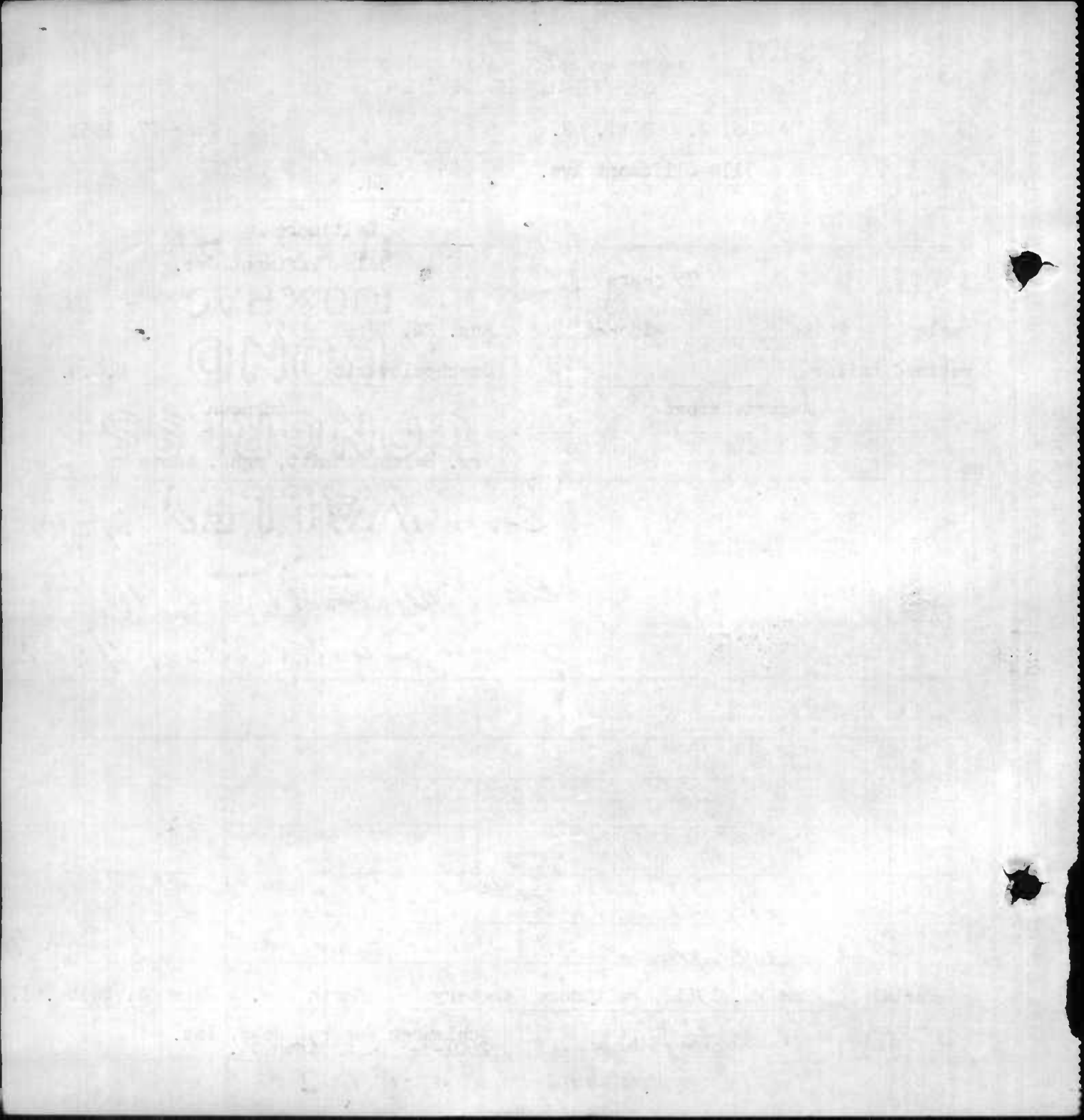
ADDRESS

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

VS 150

205462

927



W-425 51 5471

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5471

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

George Wilson

2. DATE

OF

DEATH

June 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

City.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

645 - Mulberry St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

M.

Col.

Married

12-4-1896

33

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF

WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

Yes

W. W.

#1

16. SOCIAL SECURITY NO.

17. INFORMANT

Sarah Wilson - 705 - Vine St.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebrovascular Accident

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wilson

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

M.D.

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 12, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 6/22/51

Baltimore National Cemetery

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

June 20, 1951

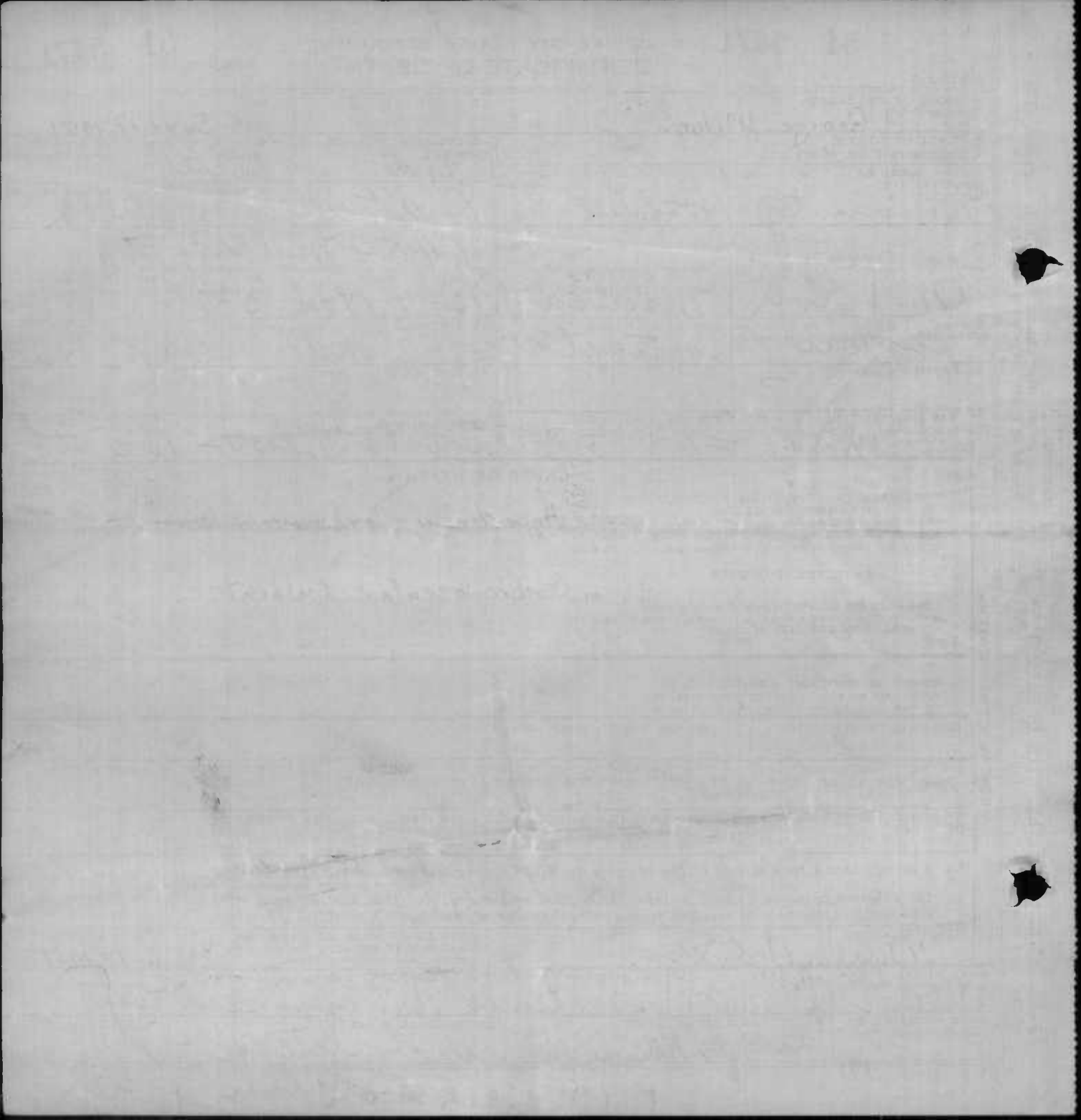
William Wilson

W. Halstead - 948

V S 151

201951

7024 Riverside Hill Ave 937



MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 5472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5472

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mrs. Stanislaw Dobrzykowski		2. DATE OF DEATH June 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 324 S. Drew Street		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION at Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24 26-05	
c. Length of stay in Baltimore 50 yrs., Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 324 South Drew Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 12, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (In years last birthday) 67 # Under 1 Year _____ Months _____ Days _____ # Under 24 Hours _____ Hours _____ Min. _____	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME Andrew Socha		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Stephen W. Dobrzykowski		ADDRESS 323 S. Drew St	

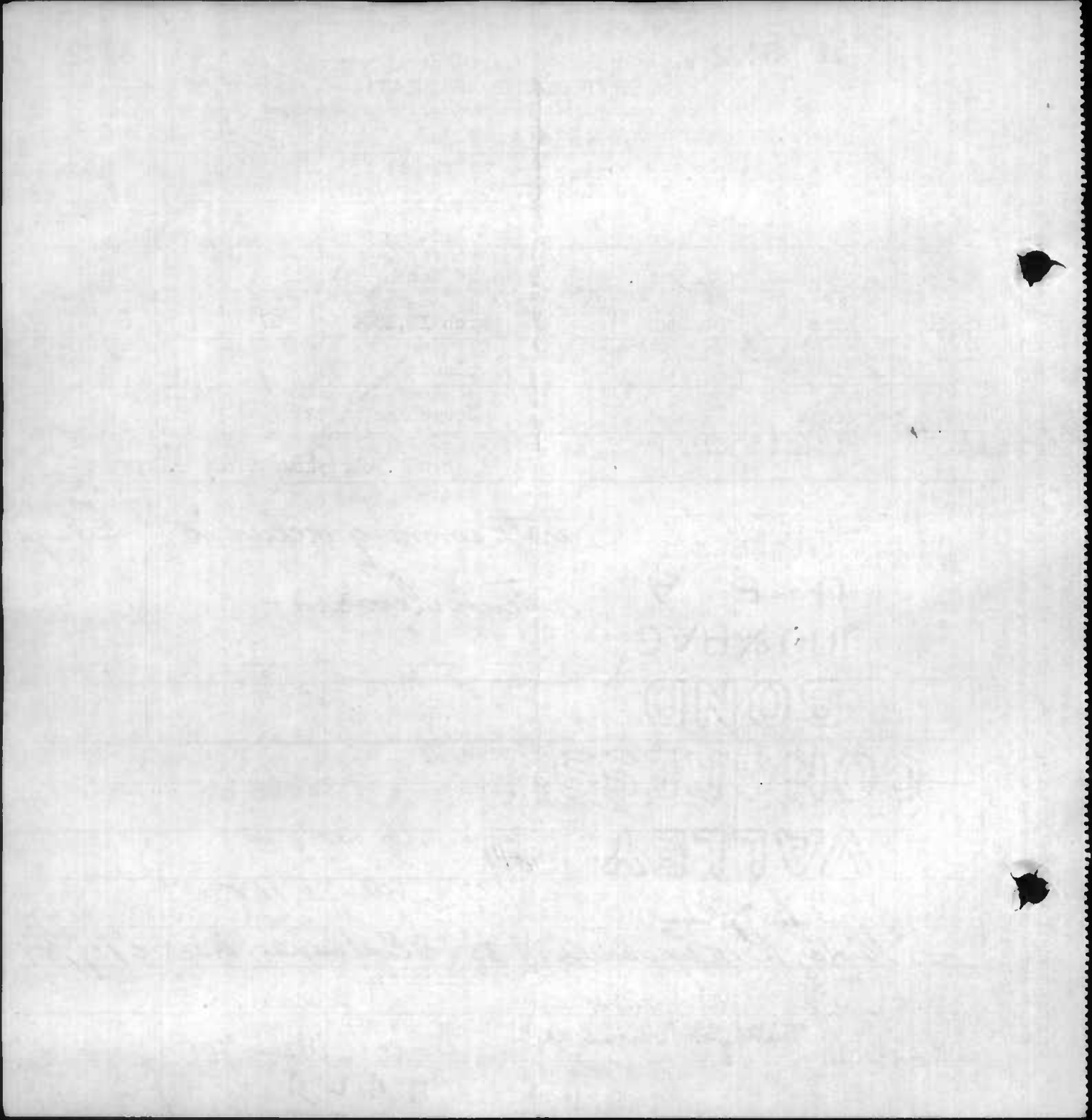
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) acute coronary occlusion DUE TO arteriosclerosis -	CAUSE OF DEATH acute coronary occlusion arteriosclerosis -	INTERVAL BETWEEN ONSET AND DEATH 2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6/18		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/17 , 19 51 , to 6/18 , 19 51 , that I last saw the deceased alive on 6/18 , 19 51 , and that death occurred at 7:30 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Stanley B. Klyanovsk		23B. ADDRESS 3500 Erdman Ave		23C. DATE SIGNED 6/19/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 22, 1951		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR George A. Weber ADDRESS 705 S. Ann St			
DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.			

VS 150

19510005464

94a



AB132460

51 5473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5473

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine Romanaski (Rominecka)

2. DATE
OF
DEATH

June 18-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

2-03

D. STREET ADDRESS (If rural, give location)

618 S. Washington St.

C. Length of stay in Baltimore

31 Yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 6 ?

9. AGE (In years
last birthday)

74?

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 331X and E962X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication that caused death.)

(A) Massive right Cerebro-vascular accident 1 mo.

CERTIFICATION APPROVED BY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CAUSE (B) STATING THE
DUE TO

(B) Gangrene of right foot and leg.

48hrs.

(C) Generalized Arteriosclerosis

10yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Refracture of right Femoral Neck

1yr. 8mos.

11days

19A. DATE OF OPERATION

10-12-48

19B. MAJOR FINDINGS OF OPERATION

Mac Murray Osteotomy

Repeat MacMurray Osteotomy

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., home or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

618 S. Washington St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

10-7-49

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped & fell
Fell at home to floor22. I hereby certify that I attended the deceased from 10-8, 1949 to 6-18, 1951, that I last saw the
deceased alive on 6-18, 1951, and that death occurred at 3.30 PM, from the causes and on the date stated above.

23A. SIGNATURE

C. B. Rogers M. D.

23B. ADDRESS

4940 Eastern Ave. Baltimore, Md.

23C. DATE SIGNED

6-19-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 20 1951

G. W. Williams, Jr.

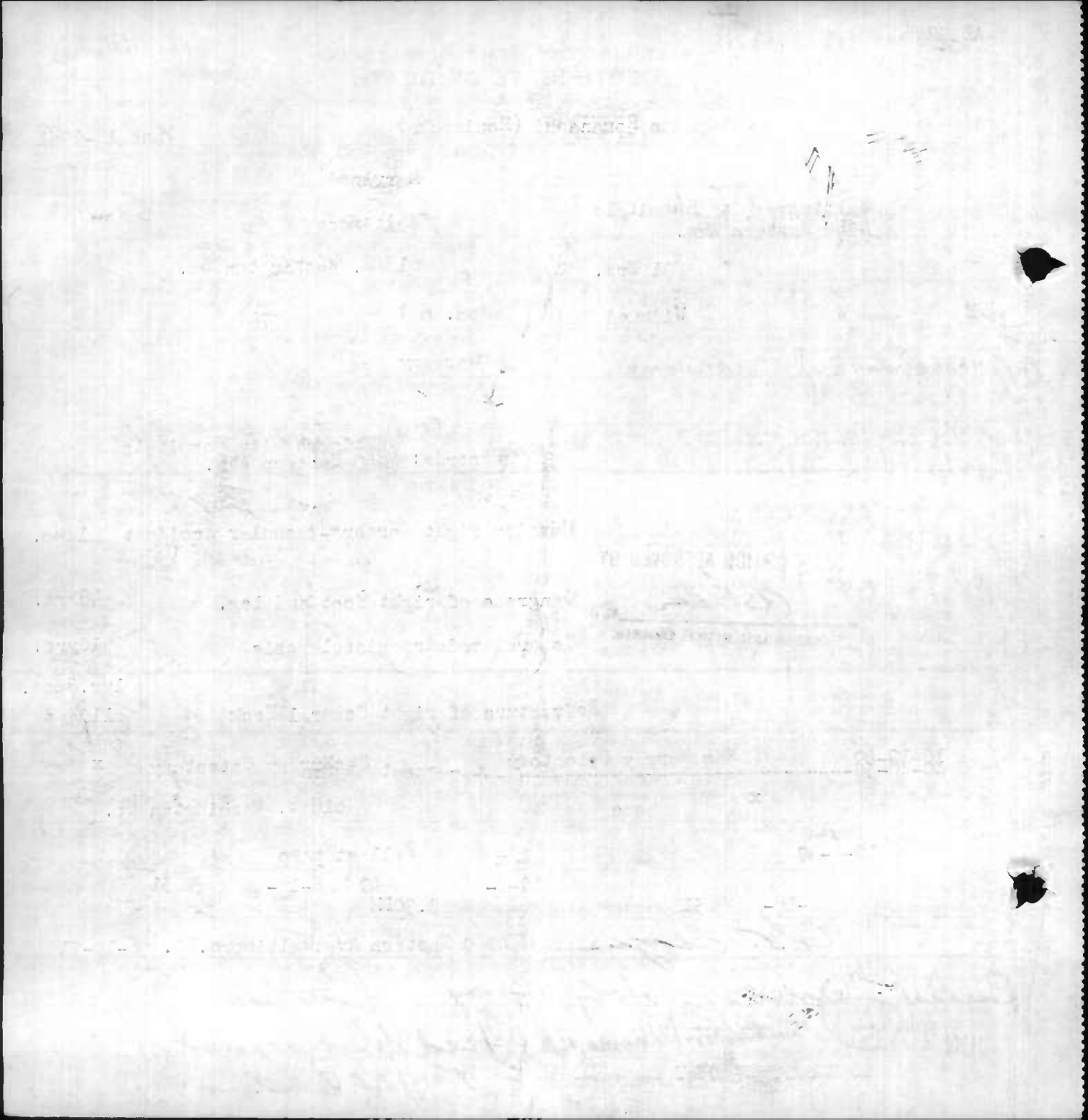
Fred W. Gzowski

VS 150

TO BE APPROVED BY MEDICAL EXAMINER

N-820. 9

1930 Eastern Ave 83a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 5474

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK DIETZ

2. DATE
OF DEATH

6-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

LUTHERAN Hosp Of MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

1807 N-CHESTER ST

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S Single

8. DATE OF BIRTH

Nov. 25, 1881

9. AGE (In years last birthday)

69

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stock Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Map Mfg.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Dietz

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

216-01-0041

17. INFORMANT 1807 N. Chester Street
Mrs Emma Macauley

18.

602X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

Uremia

DUE TO

Chronic hydronephrosis, severe, rt.

(B)

DUE TO

Hydronephrosis, mod. left.

(C)

ureteral calculus, left

Hypertensive Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

1 wk ?

?

?

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to 6-19, 19⁵¹, that I last saw the deceased alive on 6-19, 19⁵¹, and that death occurred at 6³⁰ A.m., from the causes and on the date stated above.

23A. SIGNATURE

Stanley R Steinbach

M. D.

23B. ADDRESS

Luth Hosp of Md

23C. DATE SIGNED

6-19-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/22/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

[Signature]

JUN 20 1951

VS 150

195 390820 5466

134a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5475**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANDREW HARTMAN

2. DATE OF DEATH
June 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1737 Darley Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1737 Darley Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 3, 1871

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR INDUSTRY

Geblein Meat Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank Hartman

14. MOTHER'S MAIDEN NAME

Susie Gundel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

216-05-3139

17. INFORMANT **1737 Darley Avenue Mrs. Annie E. Hartman**

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Myocardial Insufficiency**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic Cardiovascular Disease**

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

18 months

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1949**, 19 **June**, 19 **51**, that I last saw the deceased alive on **June 17, 1951**, and that death occurred at **2:20 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

2050 Harford Rd.

23C. DATE SIGNED

June 19, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/21/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 20 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

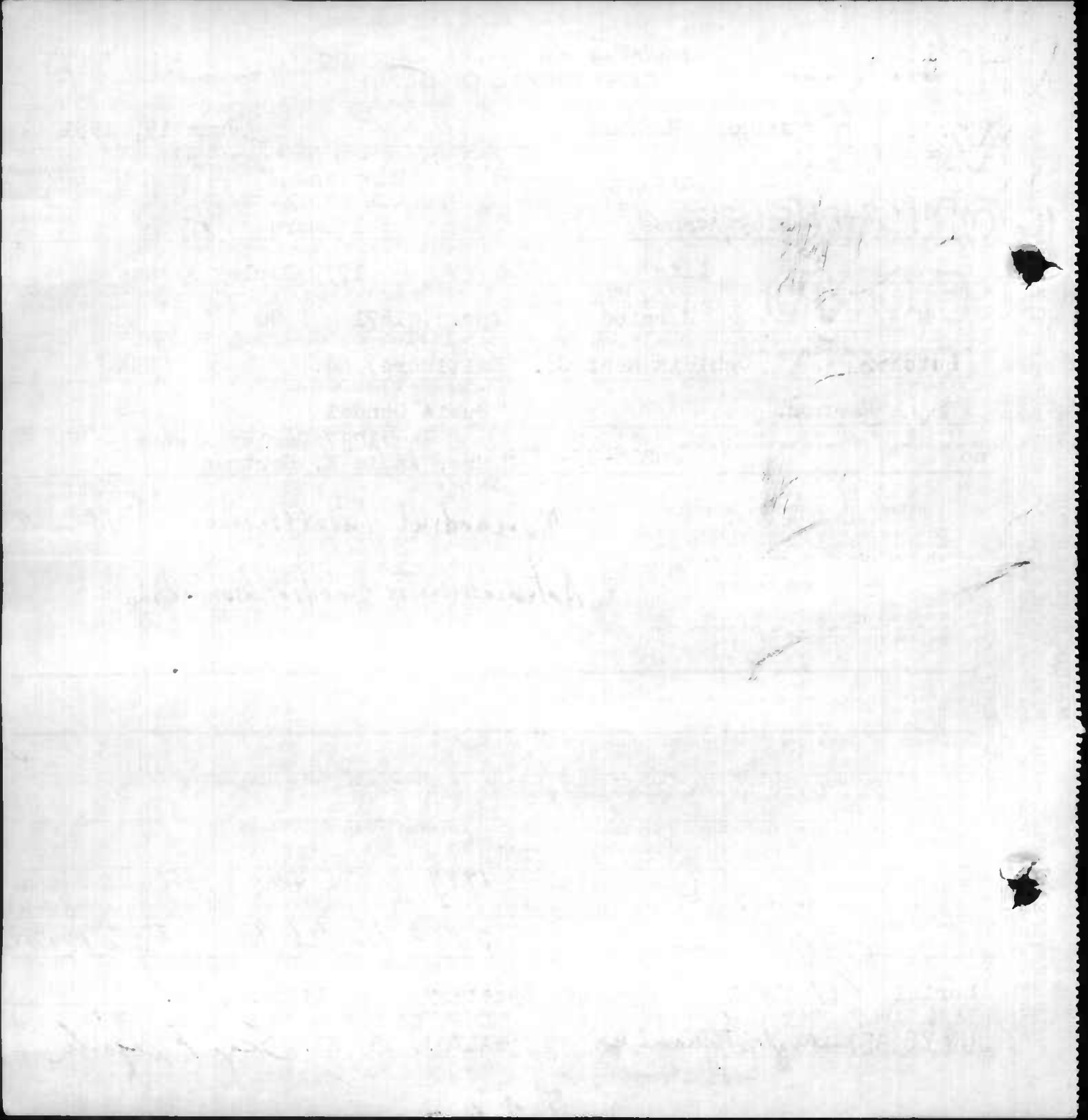
HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

VS 150

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5476**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALFRED MANN MAGUIRE

2. DATE
OF
DEATH

June 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

8. FULL NAME OF HOSPITAL OR INSTITUTION

2217 Lake Avenue

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2217 Lake Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 30, 1880

9. AGE (In years last birthday)

71

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
Food Produce Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

James Maguire

14. MOTHER'S MAIDEN NAME

Emma Lightner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

none

17. INFORMANT **2217 Lake Avenue - 13**
Mrs. Ida L. Maguire

18. **470.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

11 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan 8, 1947** to **June 18, 1951**, that I last saw the deceased alive on **June 18, 1951**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/21/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 20 1951

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

Slay F. Sander

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 5477BIRTH NO. 51 54771. NAME OF DECEASED
(Type or Print)

ROBERT HAMLET

GARLAND

2. DATE
OF
DEATH

June 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore

D. STREET ADDRESS (If rural, give location)

349 Forrest St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 7, 1896

9. AGE (In years
last birthday)

55

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Solomon

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Sam.

Hamlet

14. MOTHER'S MAIDEN NAME

Nancy ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sallie Hamlet 434 N. Eden St

18. 4721

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley S. Dunleavy M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
June 18, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. FUNERAL DIRECTOR

ADDRESS

JUN 20 1951

Huntington Williams, M.D.

Robert Williams 1515 McElderry St

VS 151

1951 920 95

925



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5478
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Samuel H. Cline

2. DATE
OF
DEATH6/18/51 9¹⁵ a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

129 E. Cross st.

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

129 E. Cross st.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/12/1888

9. AGE (In years

last birthday)

62

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck Helper

10B. KIND OF BUSINESS OR

INDUSTRY

National Lead Co

11. BIRTHPLACE (State or foreign country)

Frederick Md.

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Frederick Cline

LEAD PIPE (W)

14. MOTHER'S MAIDEN NAME

Lutricia Webster

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes or no or unknown) (If yes, give war or dates of service)

Yes

W.W. #1

16. SOCIAL
SECURITY NO.

219-01-6061

17. INFORMANT

ADDRESS

Mattie A. Cline 129 E. Cross st.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Pulmonary Tuberculosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951, to 6/17/51, 19__, that I last saw the
deceased alive on 6/17/51, 19__, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

23A. SIGNATURE,

Gene S. J. Mc Gowan

M. D.

23B. ADDRESS

112 Randall Dr

23C. DATE SIGNED

6/20/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/21/51

24C. NAME OF CEMETERY OR CREMATORY

U.S. National

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 20 1951

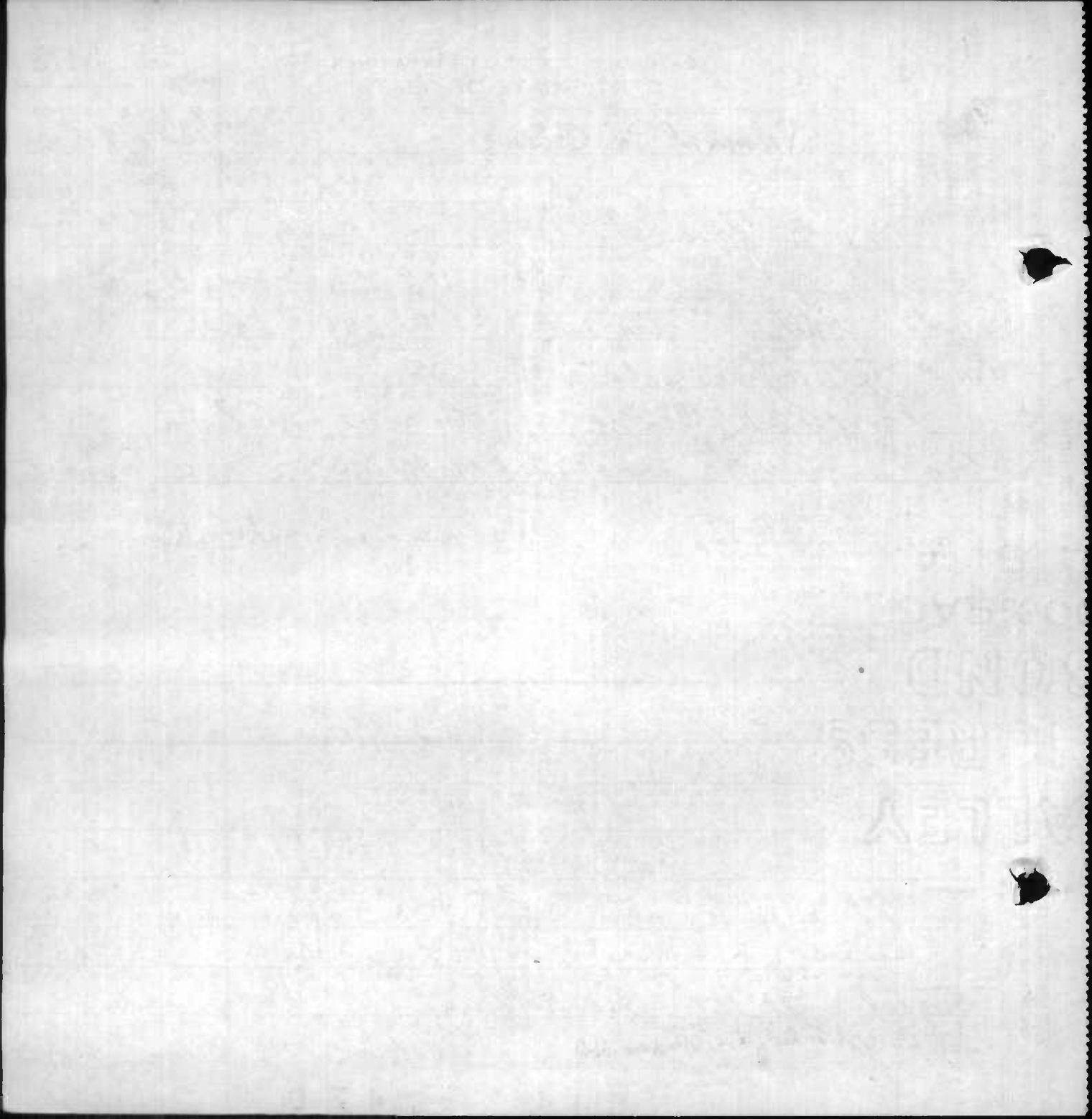
REGISTRAR'S SIGNATURE

Lutricia Webster

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.



N 550
51 5479BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5479

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Jacqueline V. Noonan

2. DATE
OF
DEATH

6/19/51 12:30 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1111 McAlleen Court

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1111 McAlleen Court

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/13/1889

9. AGE (In years last birthday)

61

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm Van Courtlandt

14. MOTHER'S MAIDEN NAME

Frances French

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Patricia M. Den 2709 E. Monmouth St.

18. 446X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

arterio sclerotic kidneys

ANTECEDENT CAUSES

(B)

left sided hemiplegia

DUE TO

Cerebral hemorrhage - rt. side

(C)

INTERVAL BETWEEN ONSET AND DEATH

To my knowledge 5 days

9 mos.

9 mos

ago

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 14 June, 1951, to 19 June, 1951, that I last saw the deceased alive on 18 June, 1951, and that death occurred at 1:4 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Samuel Schienfel

M. D.

714 E. Preston St.

20 June 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/21/51

Old Grave Yard

Carlisle Pa

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 20 1951

Kuntigton Williams, M.D.

Wm Cook Inc, 1217 St. Paul St.

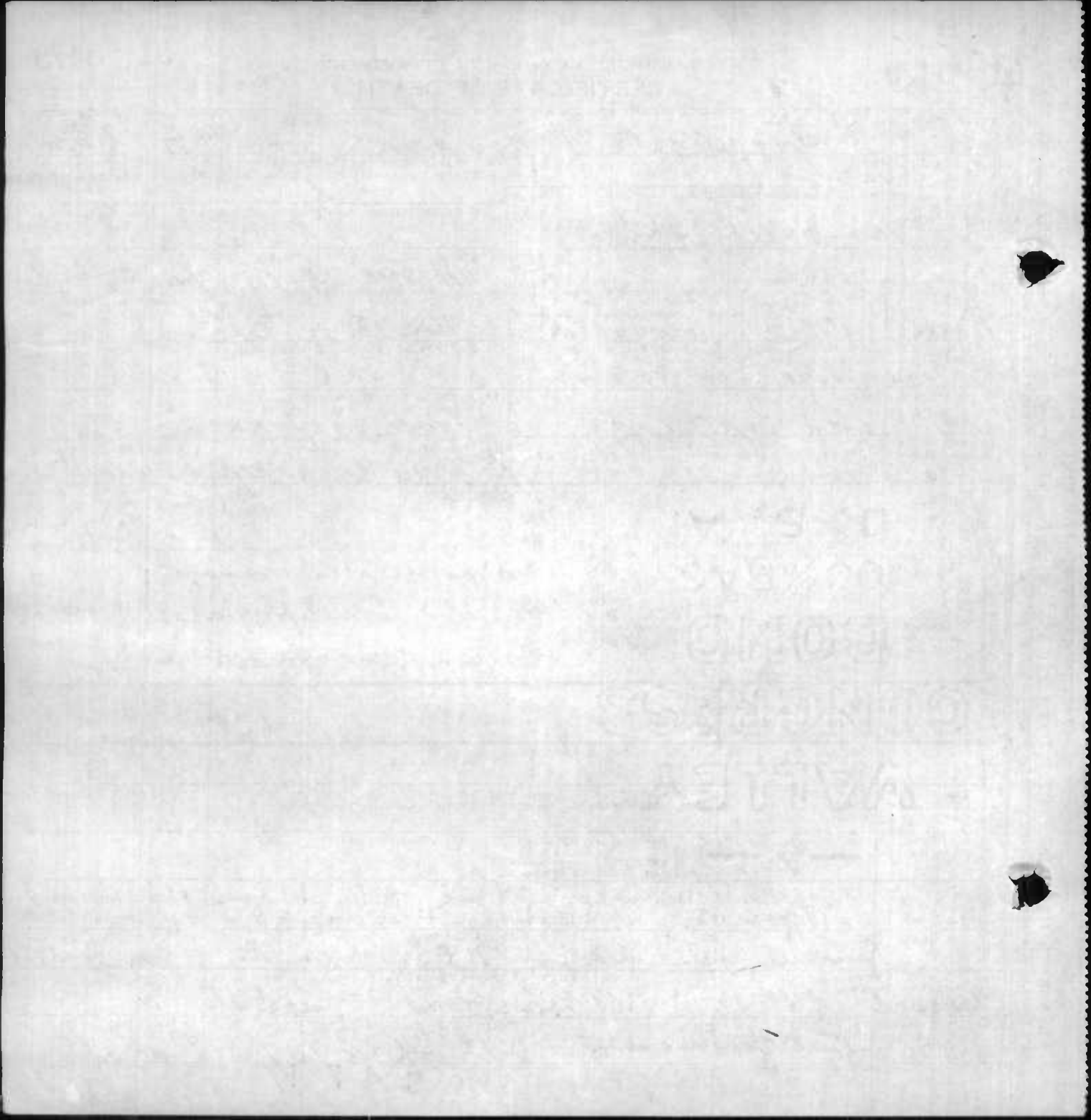
VS 150

51 5479

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MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5480

BIRTH NO. 51 5480

1. NAME OF DECEASED (Type or Print) <i>Mary Lenora Blades</i>			2. DATE OF DEATH <i>June 18 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baeta City</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>19-03</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. James</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>25 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>419 S. Parrish St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 31, 1863</i>		9. AGE (In years last birthday) <i>87</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stenographer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Stenographer</i>	11. BIRTH PLACE (State or foreign country) <i>Worcester, Mass. Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Henry W. Stearns</i>			14. MOTHER'S MAIDEN NAME <i>Isabelle Thomas</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>None</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Hanson H. Blades</i>		
			ADDRESS <i>419 S. Parrish St</i>		

18. <i>173X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Bacillary Dysentery</i> DUE TO <i>Term appendicitis (appendages)</i> <i>Hemorrhage Rectum</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May 22 1951</i> , to <i>June 16 1951</i> , that I last saw the deceased alive <i>June 16 1951</i> , and that death occurred at <i>80</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Thos. K. Korman</i>		23B. ADDRESS <i>1338 Hallam</i>		23C. DATE SIGNED <i>6/19-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6-21-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Cambridge MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 20 1951</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Howard H. Hulland</i>	
				ADDRESS <i>2503 Edmondson</i>	

THE UNIVERSITY OF MICHIGAN LIBRARY
ANN ARBOR, MICHIGAN 48106-1000

CONGRESS

THE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5481**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM G. DUDE

2. DATE
OF
DEATH

June 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3349 Windsor Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3349 Windsor Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 26, 1878

9. AGE (in years last birthday)

73

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

rtd. owner

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Christian Dude

14. MOTHER'S MAIDEN NAME

Elisa Albrecht

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna W. Dude - 3349 Windsor Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) myocarditis

DUE TO

about
1 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) cardio vascular disease

QUE TO

2 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

arterio sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1949, to June 19, 1951 that I last saw the deceased alive on June 19, 1951 and that death occurred at 2 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Dublitt

M. O.

23B. ADDRESS

2220 Garrison Blvd.

23C. DATE SIGNED

June 20, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/22/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 20 1951

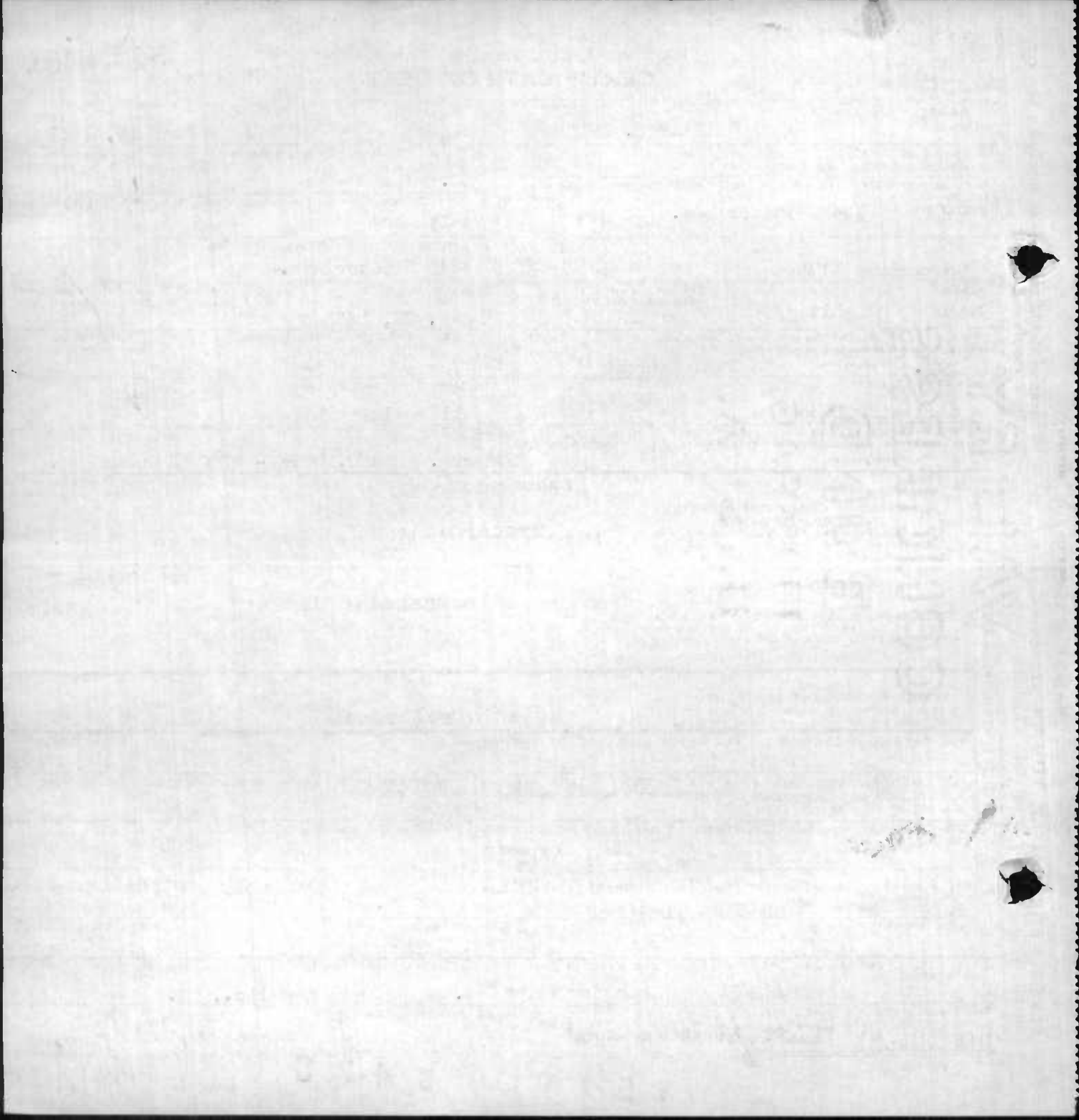
REGISTRAR'S SIGNATURE

Wm. R. Dickner

25. FUNERAL DIRECTOR

Wm. R. Dickner

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5482

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard M. Ziegler

2. DATE OF DEATH
June 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1345 N. Patterson Park Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1345 N. Patterson Park Ave.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Widowed

8. DATE OF BIRTH

Aug. 17, 1865

9. AGE (In years)

85

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Printer

10B. KIND OF BUSINESS OR INDUSTRY

Lord Baltimore Press-Balto. Md.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Ziegler

14. MOTHER'S MAIDEN NAME

Sue-----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokooow)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Seymour Ziegler, 1345 N. Patterson Pk. Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Heart Block, complete

2 Weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Advanced Myocardial Damage

6 mos (?)

DUE TO

(C)

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Nephrosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19, 1951, to 6/19, 1951, that I last saw the deceased alive on 6/19, 1951, and that death occurred at 1:53 Am., from the causes and on the date stated above.

23A. SIGNATURE

Paul R. Ziegler

M. O.

23B. ADDRESS

3723 Edmondson Ave

23C. DATE SIGNED

6/20/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 21/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn, Eastern Ave. Ext. Essex, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Md.

25. FUNERAL DIRECTOR

Harry A. Lintz

ADDRESS

101 Edmondson Ave.

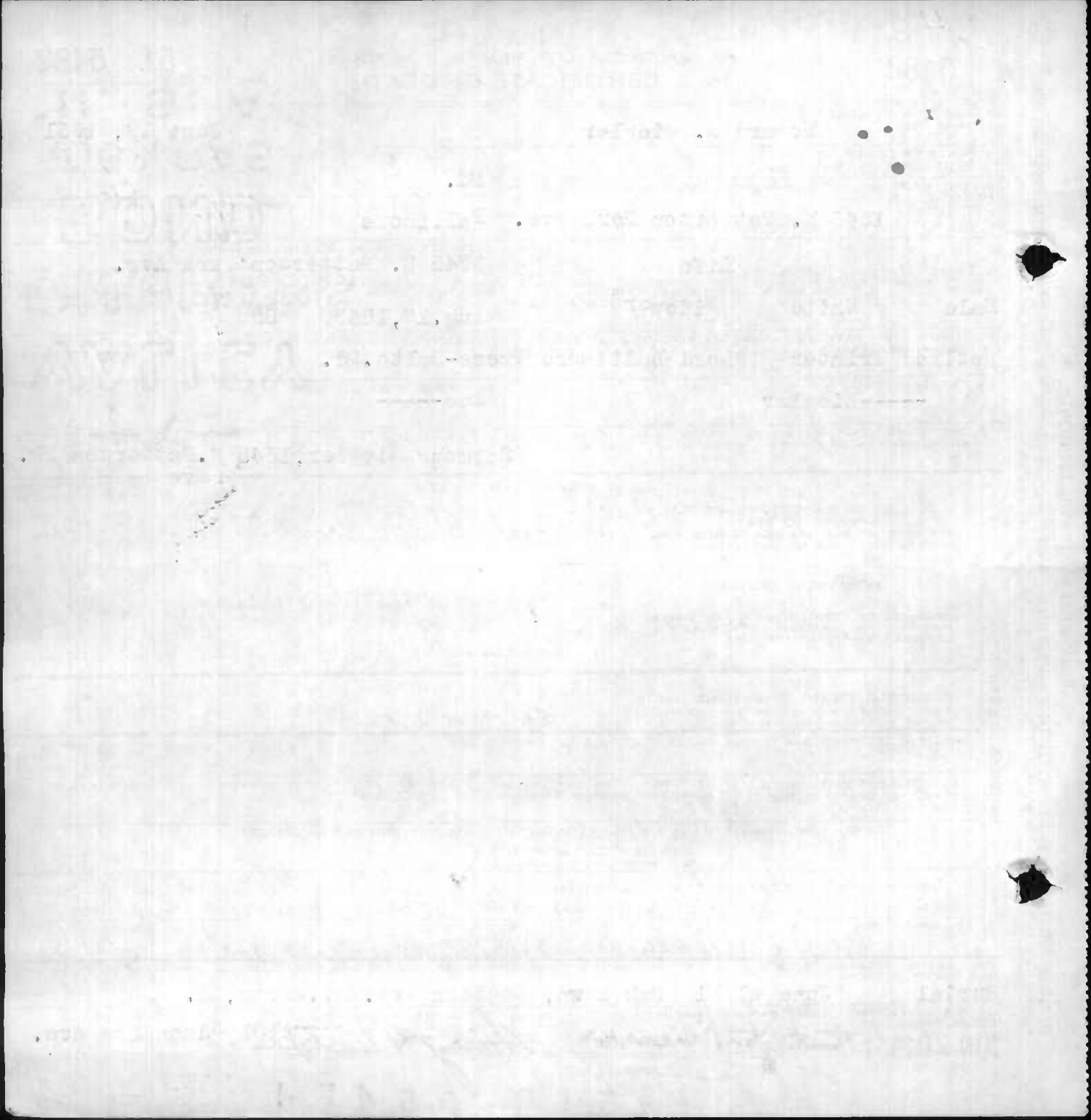
VS 150

19510005474

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 5483

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES J. WOLF Jr.

2. DATE
OF DEATH June 18, 19513. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

3644 Dudley Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept. 30, 1950

9. AGE (In years
last birthday)

8

If Under 1 Year
Months: Days: If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles J. Wolf

14. MOTHER'S MAIDEN NAME

Virginia L. Sanford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles J. Wolf, 3644 Dudley

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry
Autopsy, Inspection or Inquiry find that said deceased died on the day stated above.
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Wood

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 19, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-21-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

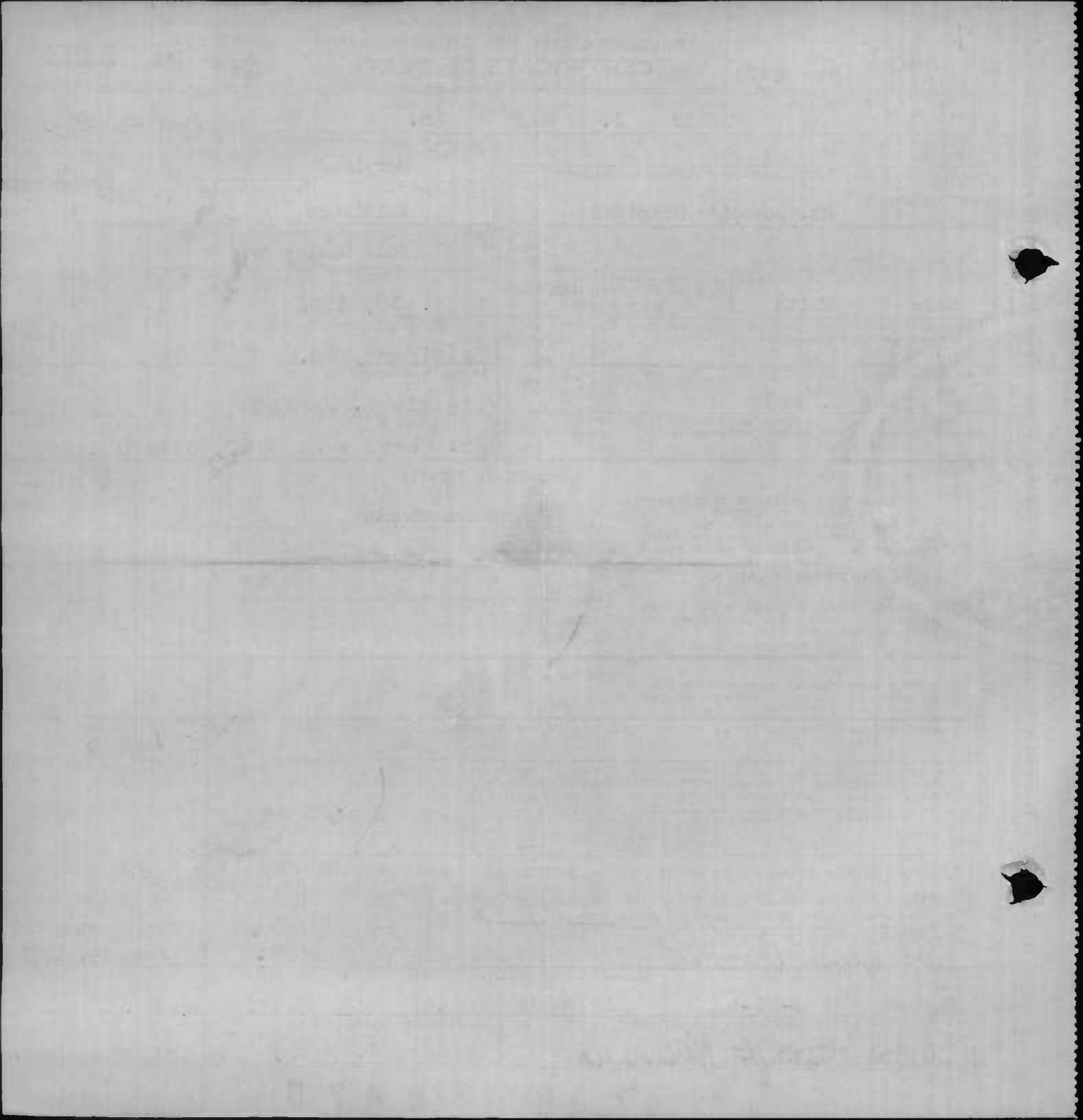
ADDRESS

Leonard J. Ruck, 5305 Harford Road.

VS 151

1951 0005475

107



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51 5484**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**ANNA M. THOMAS**2. DATE
OF
DEATH**June 17, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **3707 Hudson St.**

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3707 Hudson St.

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

October 4, 1919, 319. AGE (In years
last birthday)10 Under 1 Year 11 Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Secretary-Stenographer**10B. KIND OF BUSINESS OR
INDUSTRY**Menhadden Fish Corp.**

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

George J. Thomas**FISH CO. (M)**

14. MOTHER'S MAIDEN NAME

Helen M. Fleckenstein15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No****No**16. SOCIAL
SECURITY NO.**215-10-2136**

17. INFORMANT

ADDRESS

Mrs. George J. Thomas 3707 Hudson St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 4

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Stomach - Metastases

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., at or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 15, 1951**, to **June 17, 1951**, that I last saw the
deceased alive on **June 17, 1951**, and that death occurred at **9:00 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Stokeman

M. D.

23B. ADDRESS

3426 South W

23C. DATE SIGNED

6/19/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

June 21 1951

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county) (State)

4701 German Hill Rd. Balto. Co.,DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

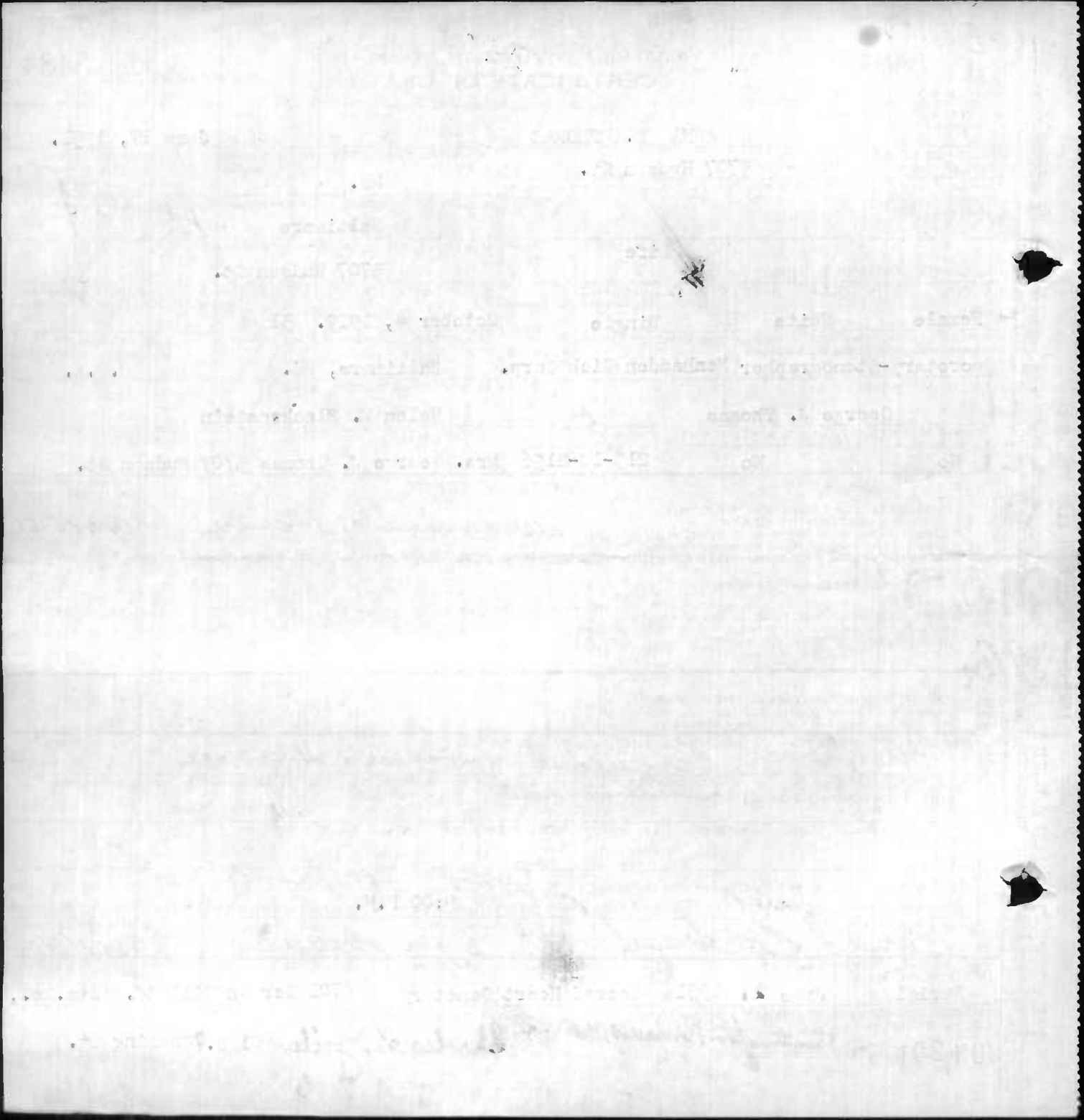
25. FUNERAL DIRECTOR

ADDRESS

Charles S. Ziller 901 S. Conkling St.**JUN 20 1951**

VS 150

51 350485 476**4613**



BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Walter B. Kuszmaul		6/19/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland General Hospital				C. CITY OR TOWN (If outside corporate limits, without RAL and give township) Baltimore	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 3826 Ednor Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 24, 1898	9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman - Ret		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
13. FATHER'S NAME William Kuszmaul				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Catherine L. Kuszmaul	
				ADDRESS as above	

MEDICAL CERTIFICATION	18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Coronary occlusion DUE TO (B) Atherosclerotic heart disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH sudden app 2 yrs
	19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
	22. I hereby certify that I attended the deceased from 6/19, 1951, to 6/19, 1951, that I last saw the deceased alive on 6/19, 1951, and that death occurred at 1:00 p.m., from the causes and on the date stated above.				
23A. SIGNATURE Marguerite Louise Candler		23B. ADDRESS M.D. Maryland General Hospital		23C. DATE SIGNED 6/19/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-23-51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1951		REGISTRAR'S SIGNATURE L. J. Ruck		25. FUNERAL DIRECTOR 5305 Harford	

NOT A MEDICAL EXAMINER'S CASE

R. B. Fisher

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

G-350

51 5486

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5486
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BABY GRAL GODWIN

2. DATE
OF
DEATH

June 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

Md.

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

Church Home & Hospital

C. CITY OR TOWN

Sparrow Point - 19

c. Length of stay in Baltimore

2 days.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

177 A Route #10

5200

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 16, 1951

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mr. Goren T. Gochwin

14. MOTHER'S MAIDEN NAME

Elizabeth Huntzberry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Church Home & Hospital.

ADDRESS

18.

7625 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Osteoarthritis

INTERVAL BETWEEN
ONSET AND DEATH

20 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

(C)

Precipitate labor

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1951, to June 17, 1951, that I last saw the
deceased alive on June 17, 1951, and that death occurred at 2:58 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Ronald S. Leaton M.D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

18 June 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

JOHN HOPKINS MEDICAL SCHOOL JUN 18 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

JUN 20 1951

VS 150

159

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>	
<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>	
<p>5. PLACE OF BIRTH</p>		<p>6. OCCUPATION</p>	
<p>7. CAUSE OF DEATH</p>		<p>8. PLACE OF DEATH</p>	
<p>9. TIME OF DEATH</p>		<p>10. SIGNATURE OF PHYSICIAN</p>	
<p>11. SIGNATURE OF REGISTRAR</p>		<p>12. SIGNATURE OF WITNESSES</p>	



51 5487

BALTIMORE CITY HEALTH DEPARTMENT

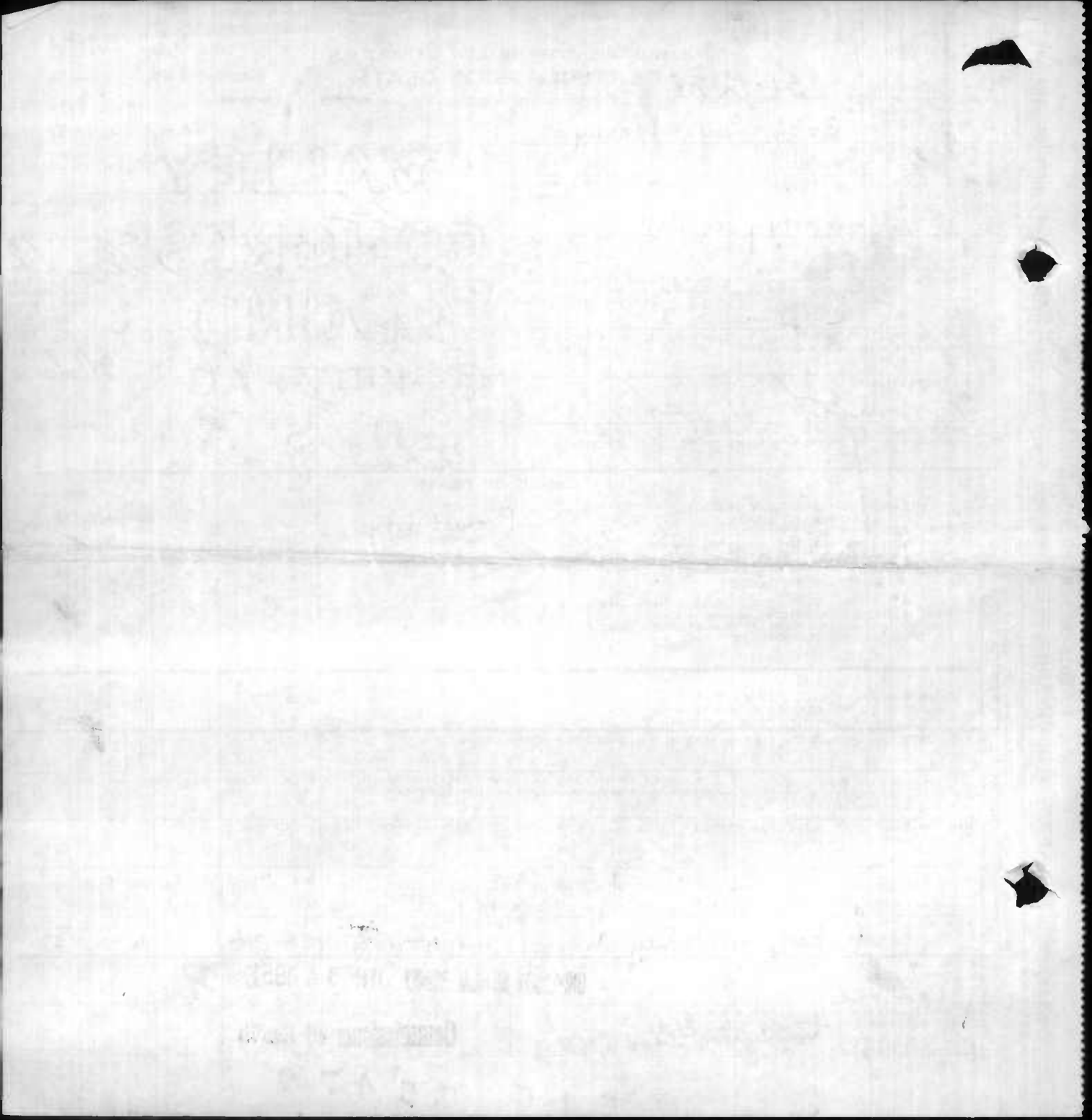
51 5487

Registered No.

BIRTH NO. 11210 51-12138 CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) <u>Baby Boy Mosby</u>			2. DATE OF DEATH <u>May 30, 1951</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MD.</u> b. COUNTY <u>17-01</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>3</u> Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <u>638 W. Franklin St</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>5/27/51</u>		9. AGE (In years last birthday) <u>3</u> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Md.</u>
13. FATHER'S NAME <u>Emmett Mosby</u>			14. MOTHER'S MAIDEN NAME <u>Dora Glaves</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Dora Mosby</u>		

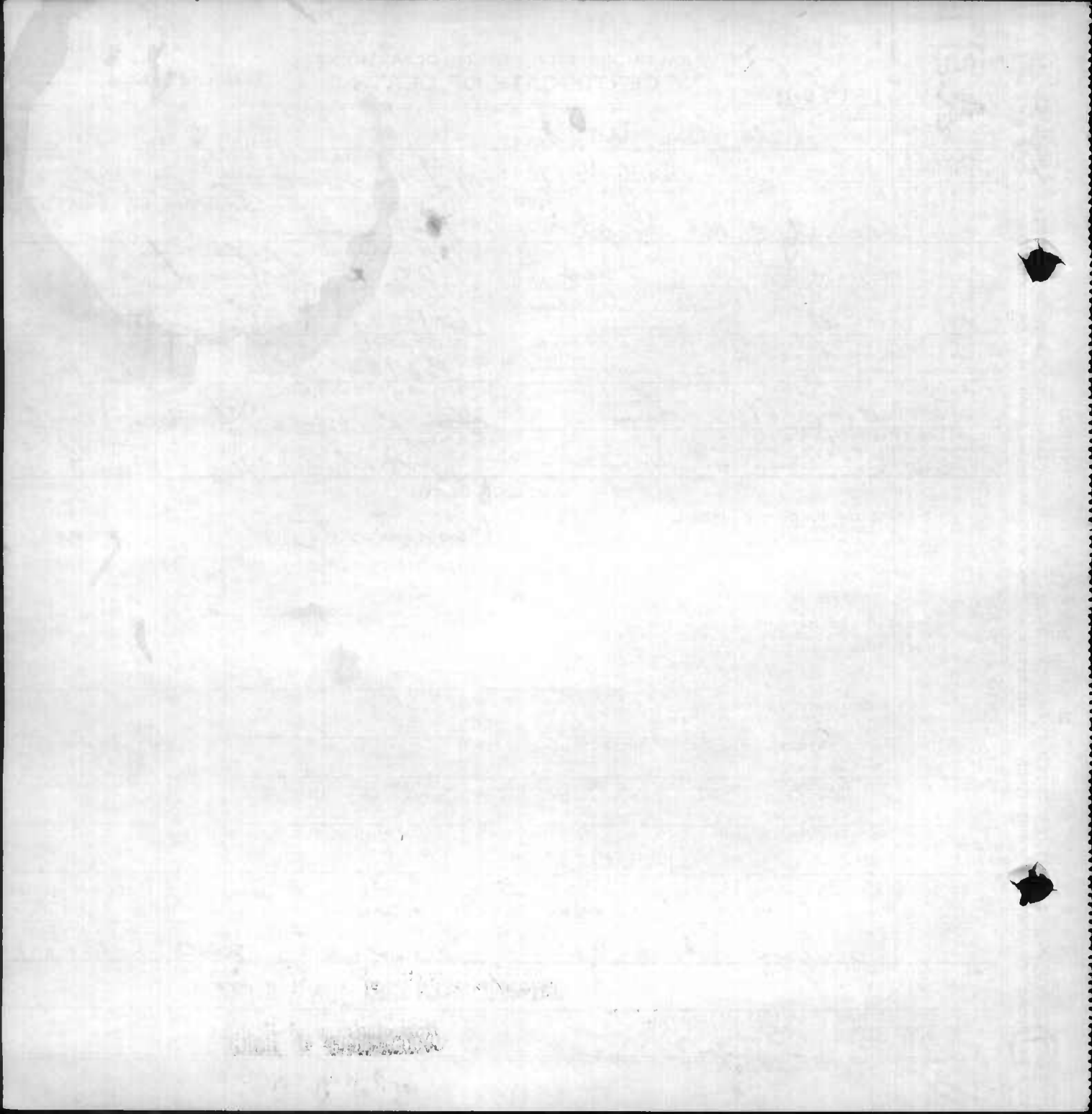
18. <u>776 X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Prematurity</u> (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>		
ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>28</u> <u>1951</u> to <u>30 May, 1951</u> , that I last saw the deceased alive on <u>30 May, 1951</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Robert W. Gray</u>		23B. ADDRESS <u>University Hospital</u>		23C. DATE SIGNED <u>6-1-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <u>UNIVERSITY MEDICAL SCHOOL</u>	
24D. LOCATION (City, town, or county) (State)		24E. LOCATION (City, town, or county) (State)		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 20 1951</u>		REGISTRAR'S SIGNATURE <u>Thurston Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Commissioner of Health</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. <u>51-14001</u>		2. DATE OF DEATH <u>6-13-51</u>	
1. NAME OF DECEASED (Type or Print) <u>Baby Boy Martin</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>BALTO.</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>University Hosp</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University of Md. Hospital</u>		D. STREET ADDRESS (If rural, give location) <u>105 S. Stuart St.</u>	
c. Length of stay in Baltimore <u>5 hrs</u>		8. DATE OF BIRTH <u>6-13-51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	9. AGE (In years last birthday) <u>5 hrs.</u>	If Under 1 Year: Months: Days
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Emory Martin</u>		14. MOTHER'S MAIDEN NAME <u>Mrs. Bernice Martin Taylor</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS <u>Mother 105 S. Stuart St.</u>	
16. SOCIAL SECURITY NO.			
18. <u>776X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Permaternity</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9:30 a.m.</u> , 19 <u>51</u> , to <u>2:30 p.m.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-11</u> , 19 <u>51</u> and that death occurred at <u>midnight</u> from the causes and on the date stated above.			
23A. SIGNATURE <u>James V. Minor, M.D.</u>		23B. ADDRESS <u>University Hosp</u>	
23C. DATE SIGNED <u>6-13-51</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY <u>JOHN HOPKINS MEDICAL SCHOOL</u>		24D. LOCATION (City, town, or county) <u>JUN 18 1951</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 20 1951</u>		REGISTRAR'S SIGNATURE <u>Commissioner of Health</u>	
25. FUNERAL DIRECTOR		ADDRESS	



✓ 250 51 5489

51 5489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 51-13417	
1. NAME OF DECEASED (Type or Print) Baby Boy Jackson	
2. DATE OF DEATH 6-11-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital	
6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balt.	
7. STREET ADDRESS (If rural, give location) 1925 Bunt St.	
8. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
9. SEX Male	10. COLOR OR RACE C
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	
12. DATE OF BIRTH 6-11-51	
13. AGE (In years last birthday) 7	
14. Under 1 Year Months: _____ Days: _____	
15. Under 24 Hours Hours: _____ Min. _____	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
17. KIND OF BUSINESS OR INDUSTRY	
18. BIRTHPLACE (State or foreign country) Baltimore, MD.	
19. CITIZEN OF WHAT COUNTRY?	
20. FATHER'S NAME Donald Campbell	
21. MOTHER'S MAIDEN NAME Ruth Jackson	
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
23. SOCIAL SECURITY NO.	
24. INFORMANT ADDRESS	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH 7 hrs
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO _____		
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION
23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
24. ACCIDENT, SUICIDE, HOMICIDE (Specify)	25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
27. TIME (Month) (Day) (Year) (Hour) OF INJURY	28. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	29. HOW DID INJURY OCCUR?
30. I hereby certify that I attended the deceased from 6-11-51 , 19__, to 6-11-51 , 19__, that I last saw the deceased alive on 6-11-51 , 19__, and that death occurred at 7:30 p.m. , from the causes and on the date stated above.		
31. SIGNATURE Robert H. Widen		32. ADDRESS University Hospital
33. DATE SIGNED 6-11-51		
34. BURIAL, CREMATION, REMOVAL (Specify)	35. DATE	36. NAME OF CEMETERY OR CREMATORY
37. LOCATION (City, town, or county)		38. (State)
39. DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1951		40. REGISTRAR'S SIGNATURE William H. Williams
41. FUNERAL DIRECTOR Commissioner of Health		42. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF TEXAS
COUNTY OF DALLAS

WITNESSES

L-4100

51 5490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5490

Registered No.

BIRTH NO.

51-13415

1. NAME OF DECEASED
(Type or Print)

Baby Boy Lilly

2. DATE
OF
DEATH

6-13-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1908 W. Lefingwood

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6-13-51

9. AGE (In years last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Judie Odell Lilly

14. MOTHER'S MAIDEN NAME

Naomi Evans

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Naomi Lilly

18. 762.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Anoxia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

10 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13-51, 19__, to 6-13-51, 19__, that I last saw the deceased alive on 6-13-51, 19__, and that death occurred at 11:45Pm., from the causes and on the date stated above.

23A. SIGNATURE

Robert M. Wiley Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6-13-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 19 1951

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 20 1951

REGISTRAR'S SIGNATURE

L. Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

VS 150

19510005482

161a

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

REPORT OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of mortician		17. Signature of embalmer		18. Signature of transporter	
19. Signature of interment		20. Signature of burial		21. Signature of cremation	
22. Signature of other		23. Signature of other		24. Signature of other	
25. Signature of other		26. Signature of other		27. Signature of other	
28. Signature of other		29. Signature of other		30. Signature of other	
31. Signature of other		32. Signature of other		33. Signature of other	
34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other	
40. Signature of other		41. Signature of other		42. Signature of other	
43. Signature of other		44. Signature of other		45. Signature of other	
46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other	
52. Signature of other		53. Signature of other		54. Signature of other	
55. Signature of other		56. Signature of other		57. Signature of other	
58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other	
64. Signature of other		65. Signature of other		66. Signature of other	
67. Signature of other		68. Signature of other		69. Signature of other	
70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other	
76. Signature of other		77. Signature of other		78. Signature of other	
79. Signature of other		80. Signature of other		81. Signature of other	
82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other	
88. Signature of other		89. Signature of other		90. Signature of other	
91. Signature of other		92. Signature of other		93. Signature of other	
94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other	
100. Signature of other		101. Signature of other		102. Signature of other	



A-352

51 5491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5491

BIRTH NO

51-15050

1. NAME OF DECEASED
(Type or Print)

HARRY R. ADAMS

2. DATE
OF
DEATH

JUNE 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HLH-PRE N.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

Prince George's

B. FULL NAME OF HOSPITAL OR INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6637

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Baby.

8. DATE OF BIRTH

6-10-51

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Pecil Adams

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18.

776 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

6 days

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10-1951, to 6-16-1951, that I last saw the deceased alive on 6-16-1951, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lee W. Barnes

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

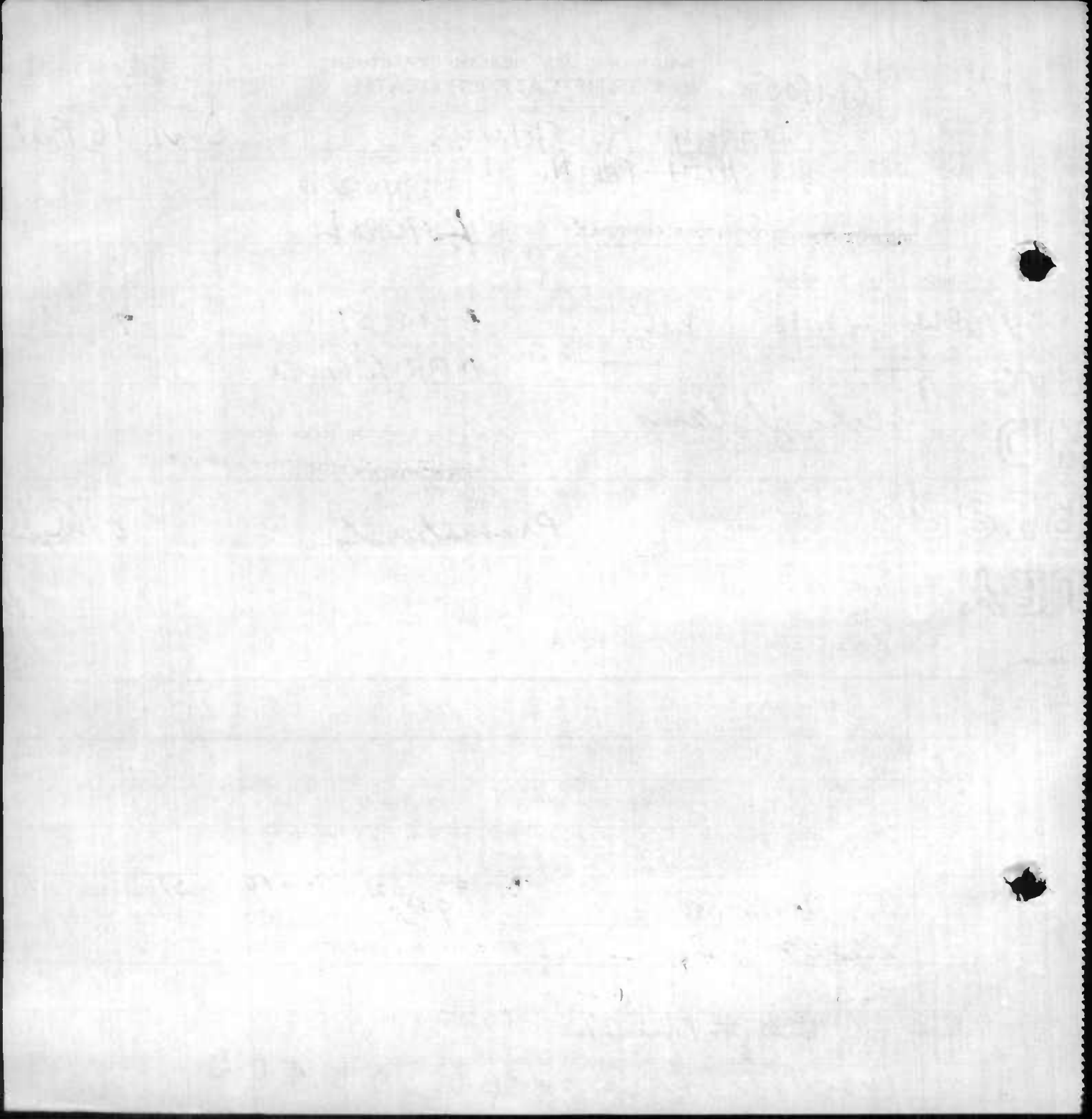
ADDRESS

JUN 21 1951

VS 150

Hospital Disposal 0005483

159



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **51 5492**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION
JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
THE JOHNS HOPKINS HOSPITAL18. **578 X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Peritonitis - secondary**DUE TO **to Omphalitis**

ANTECEDENT CAUSES

(B) **? Incurium Illus ?**DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.DUE TO **Ulcerative and exudative inflammation**(C) **of the colon (over)**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from **6/13**, 19**54**, to **6/15**, 19**54**, that I last saw the deceased alive on **6/6**, 19**54**, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 21 1954**William H. Williams, M.D.**

See Document File 1-5492 for Autopsy findings

7/6/51

ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5493

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Infant to Pearl Gittings

2. DATE
OF
DEATH

6/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-03

c. Length of stay in Baltimore

14 minutes

D. STREET ADDRESS (If rural, give location)

1736 N. Pulaski St.

5. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

New born

8. DATE OF BIRTH

6/6/51

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min

14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Edward Washington

14. MOTHER'S MAIDEN NAME

Gittings, Pearl

- 1736 N. Pulaski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

18. 770.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Erythroblastosis Fetalis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/6/51, 1951, to 6/6, 1951, that I last saw the deceased alive on 6/6, 1951, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Louis Jones Jr

23B. ADDRESS

1100 Duane St. Ste G

23C. DATE SIGNED

4/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

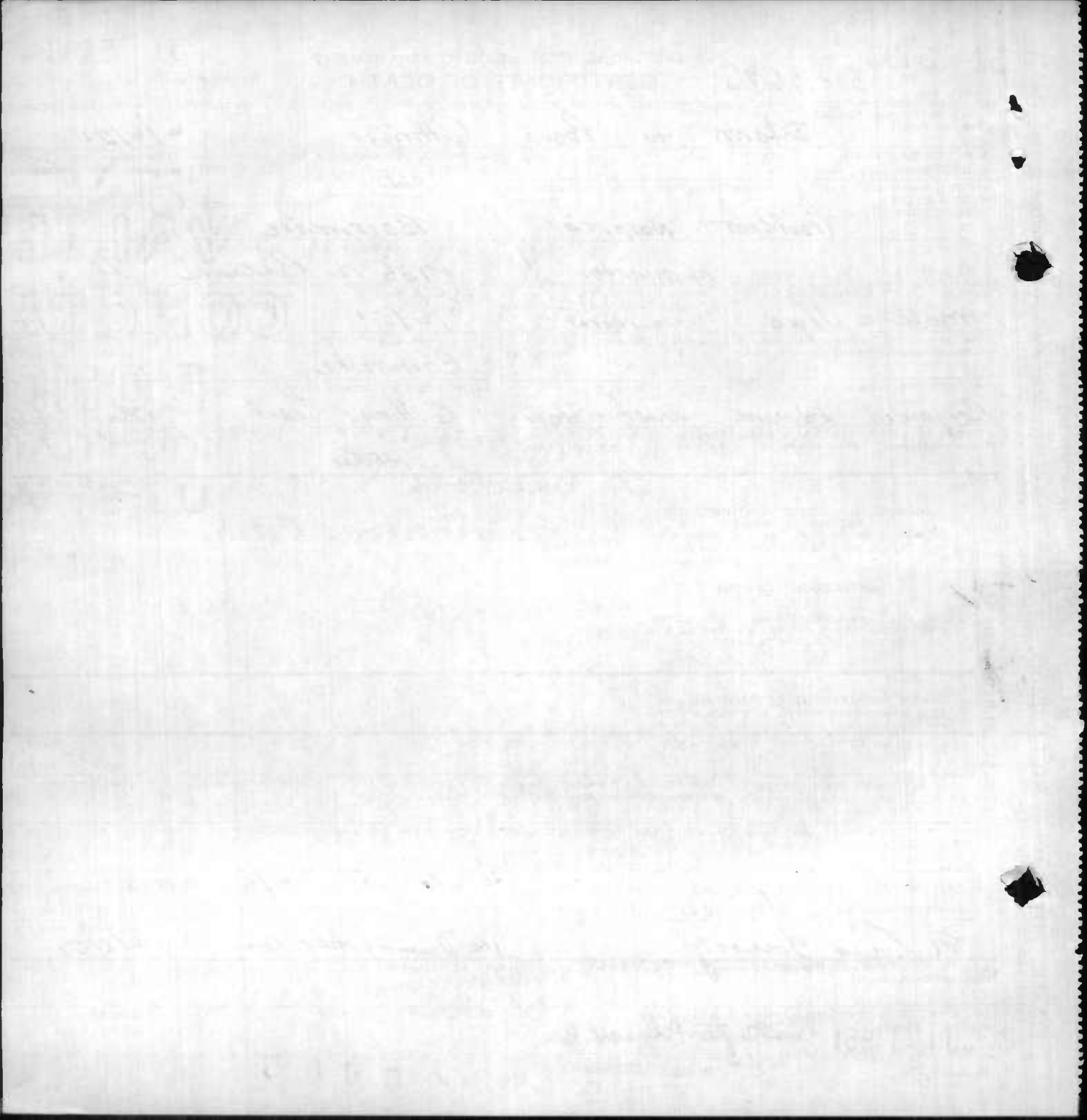
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 21 1951

Huntington Williams, Md



51 5494

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5494
Registered No.

BIRTH NO. 51-13469

1. NAME OF DECEASED
(Type or Print)

Baby Boy McMullen

2. DATE
OF
DEATH

6/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hosp of Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto 23

19-04

D. STREET ADDRESS (If rural, give location)

1830 W Dover St

c. Length of stay in Baltimore

16

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6/11/51

9. AGE (In years,
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

12

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lutheran Hosp of Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Howard Daniel McMullen

14. MOTHER'S MAIDEN NAME

Mary Eliz. Riggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

1830 W Dover St

#23

18.

776 X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/11 1951, to 6/12, 1951 that I last saw the
deceased alive on 6/11, 1951, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

JUN 19 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 27 1951

L. H. Williams, Jr.

Commissioner of Health

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

THE FOLLOWING IS A SUMMARY OF THE
LANDS IN THE STATE OF TEXAS

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 5495

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*me* LINDA WILLIAMS2. DATE
OF
DEATH

June 17, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

1803 Kavanagh St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Jan 13, 1949

9. AGE (In years
last birthday)

2

If Under 1 Year
Months: Days

6

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Williams

14. MOTHER'S MAIDEN NAME

Edwina Howell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edwina Williams, 1803 Kavanagh St

18. E81714

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Internal hemorrhage
DUE TO crushing injury of abdomen

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

1400 block Fulton Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 17, 1951 3:51 P.m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Durelohn M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 18, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

mt auburn

24D. LOCATION (City, town, or county) (State)

md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Geo S. Kelson 1303 Preston St

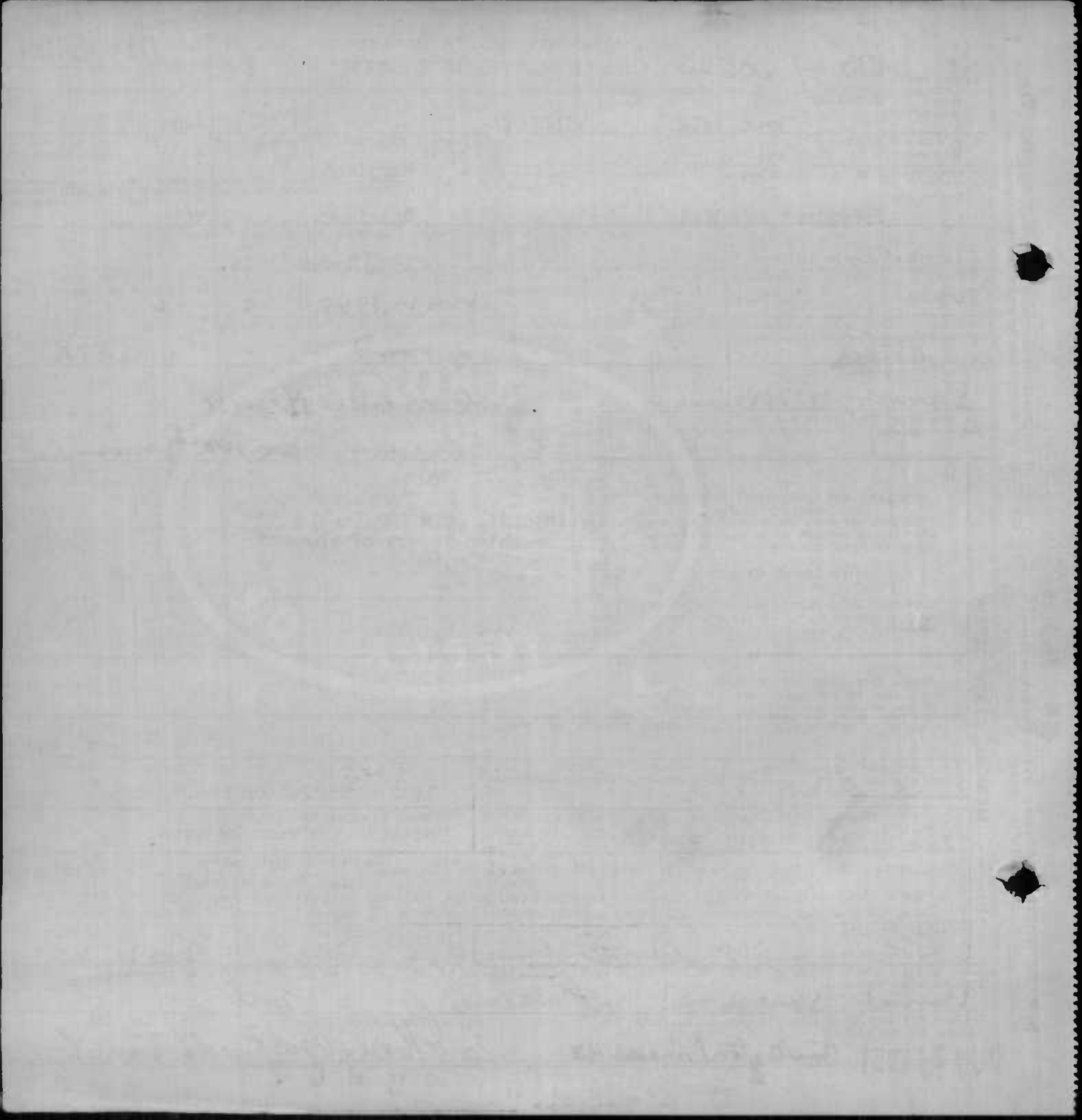
JUN 21 1951

VS 151

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51 5496

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 5496
BIRTH NO. F 635

1. NAME OF DECEASED (Type or Print) Joseph J. Friedman			2. DATE OF DEATH June 20, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2921 Rockrose Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 58 yrs.			D. STREET ADDRESS (If rural, give location) 2921 Rockrose Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 1886	9. AGE (in years, last birthday) 65	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10B. KIND OF BUSINESS OR INDUSTRY Amusement Parks	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? What
13. FATHER'S NAME Hyman Friedman			14. MOTHER'S MAIDEN NAME Anna Cohen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Samuel Friedman-2921 Rockrose Avenue		

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 153X I Carcinoma of large bowel.	CAUSE OF DEATH Carcinoma of large bowel.	INTERVAL BETWEEN ONSET AND DEATH 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) DUE TO	

19A. DATE OF OPERATION 6	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5-1 19 50 , to 6-20 , 19 51 , that I last saw the deceased alive on 6-19 , 19 51 , and that death occurred at 6 P. m., from the causes and on the date stated above.		
23A. SIGNATURE Edmund Levin M.D.	23B. ADDRESS 3400 Hilton Rd	23C. DATE SIGNED 6/20/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/21/51	24C. NAME OF CEMETERY OR CREMATORY Ohel Yakov Cong.	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR Sal Levinson & Sons	ADDRESS 1124-26 W. North Avenue

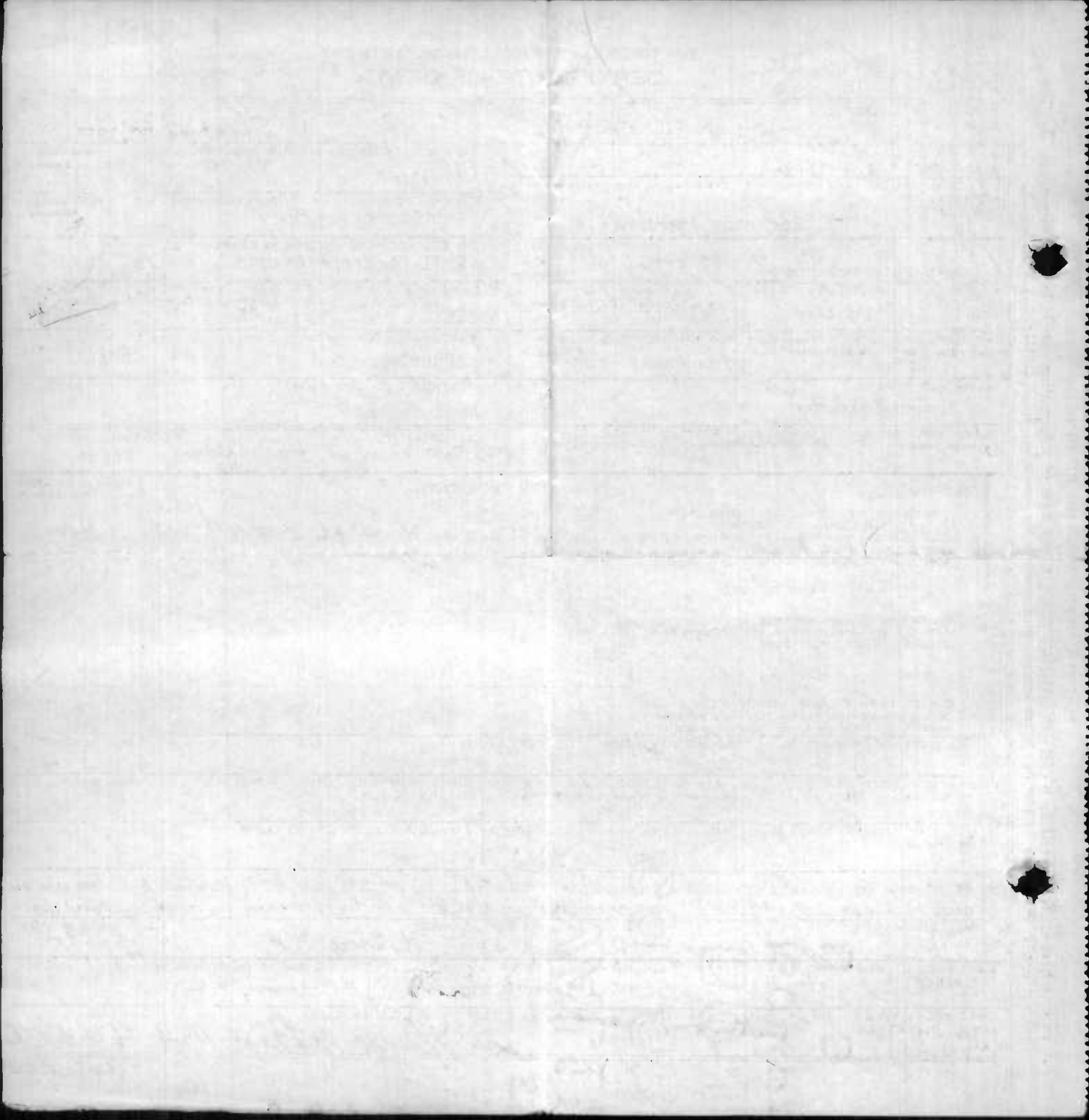
VS 150

690 8M

46E Avenue

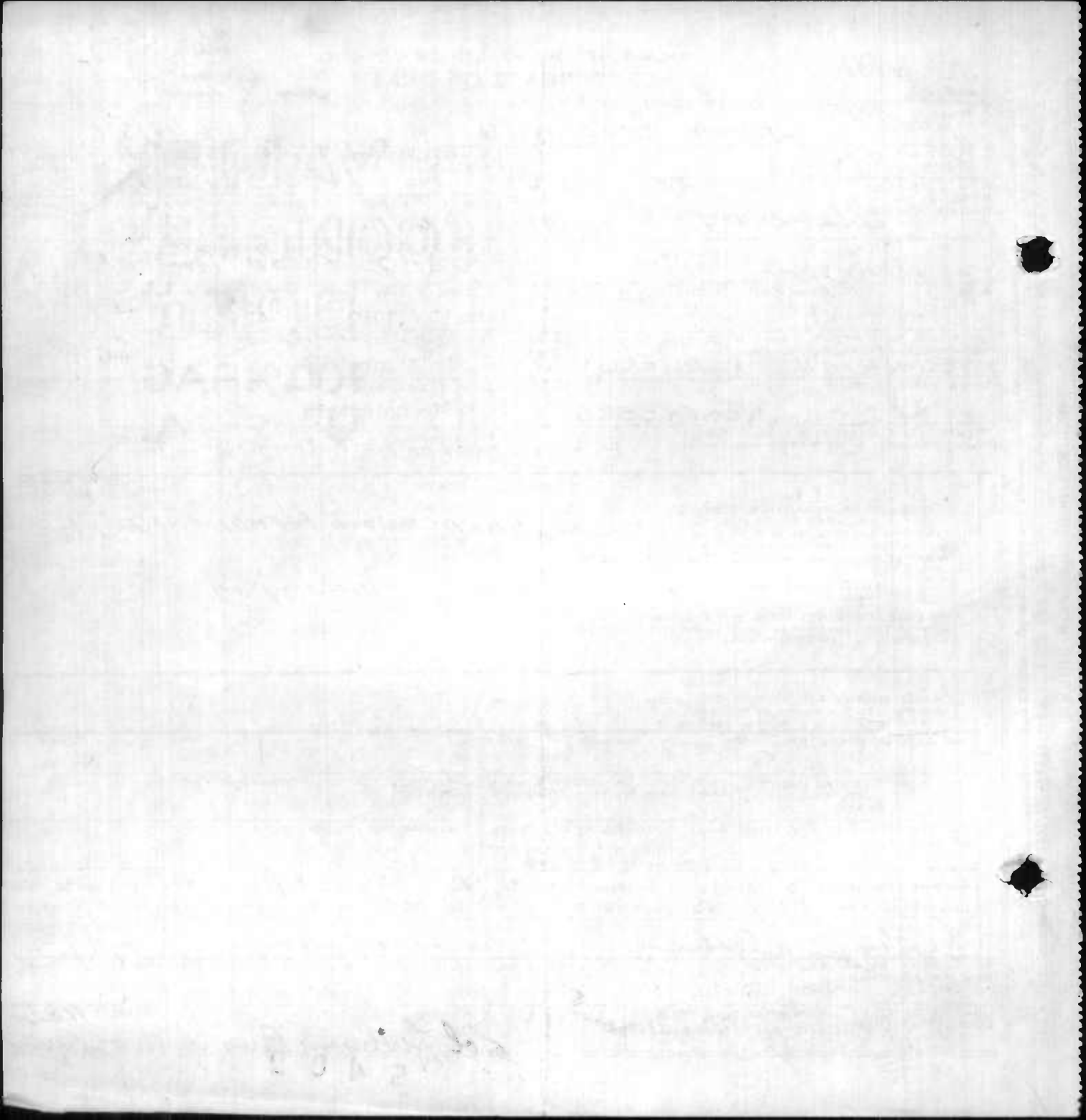
MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<div style="display: flex; justify-content: space-between;"> 51 5497 <i>G-432</i> BALTIMORE CITY HEALTH DEPARTMENT 51 5497 </div> <div style="display: flex; justify-content: space-between;"> BIRTH NO. CERTIFICATE OF DEATH Registered No. </div>					
1. NAME OF DECEASED (Type or Print) <i>JELMA GOLDSMITH</i>			2. DATE OF DEATH <i>6/19/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>UNIVERSITY Hospital</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BAKTO.</i> D. STREET ADDRESS (If rural, give location) <i>2307 CALLOW AVE 13-01</i>		
c. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days					
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>April 3, 1910</i>	9. AGE (In years last birthday) <i>41</i>	11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TECHNICIAN</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>ALLERGY</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>WHAT</i>
13. FATHER'S NAME <i>Israel ROSENBERG</i>			14. MOTHER'S MAIDEN NAME <i>Sadie Goldstein</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Louis Goldsmith 2307 Callow Ave</i>		
<div style="display: flex;"> <div style="flex: 1;"> <p>18. <i>45YX</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p> </div> <div style="flex: 2;"> <p style="text-align: center;">CAUSE OF DEATH</p> <p>(A) <i>SUBARACHNOID HEMORRHAGE INTR.</i> DUE TO</p> <p>(B) <i>BERRY ANEURYSM</i> DUE TO</p> <p>(C)</p> </div> <div style="flex: 1;"> <p>INTERVAL BETWEEN ONSET AND DEATH</p> </div> </div>					
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/19</i> , 19 <i>51</i> , to <i>6/19</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/19</i> , 19 <i>51</i> , and that death occurred at <i>6:00</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John F. Strahan</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>6/19/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 21, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Fitz Chaim Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>Washington Plvd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 21 1951</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR ADDRESS <i>1126</i>	
<div style="display: flex; justify-content: space-between;"> VS 150 <i>69480 0548</i> <i>96</i> </div>					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-246
51 5498

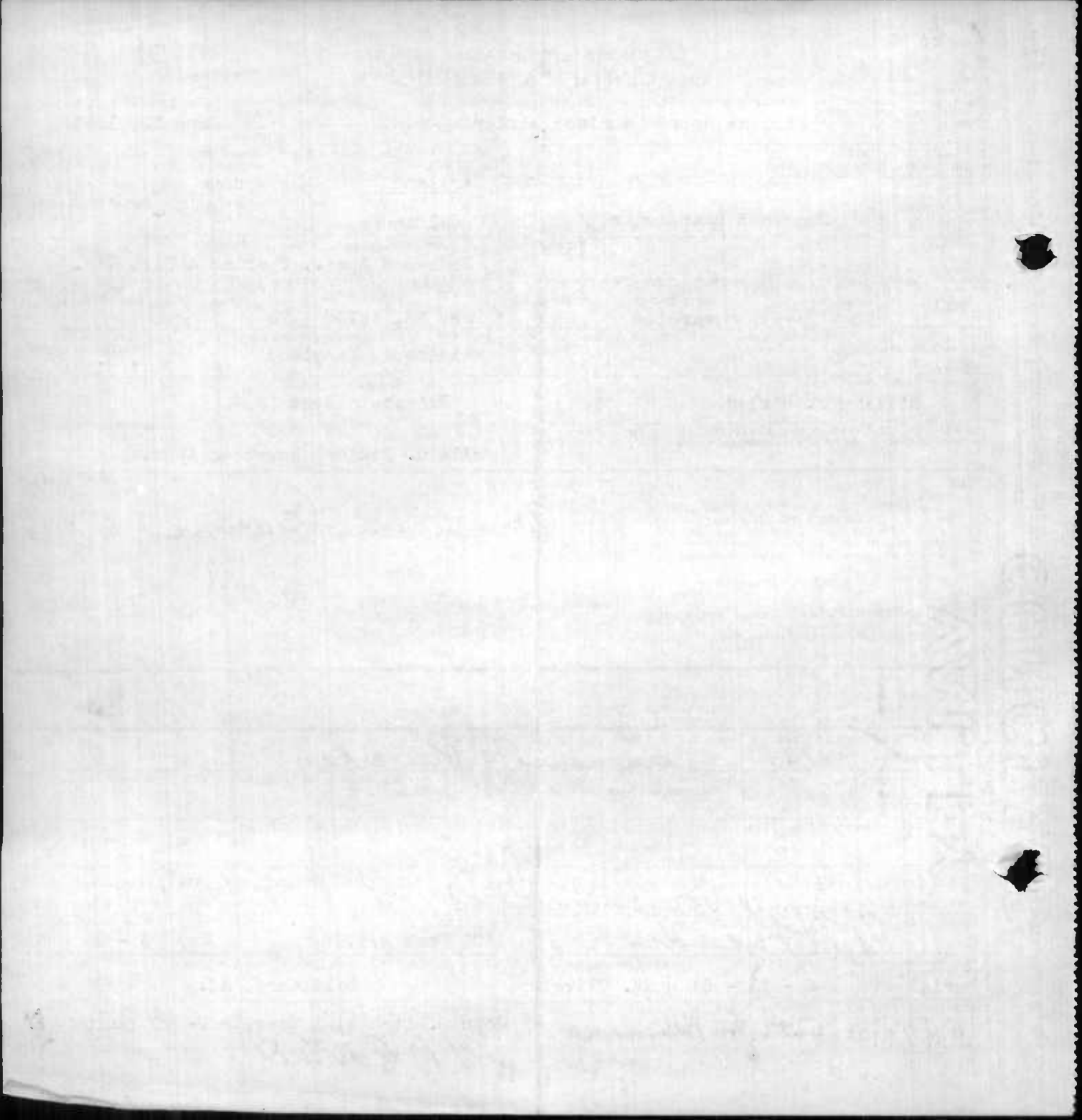
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5498
Registered No.

1. NAME OF DECEASED (Type or Print) William Henry Harrison Bixler			2. DATE OF DEATH June 19, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF HOSPITAL OR INSTITUTION Homewood Apartments			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Homewood Apts., Charles & 31st Sts.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 23, 1875	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
13. FATHER'S NAME William H. Bixler			12. CITIZEN OF WHAT COUNTRY? U. S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Julia G. Bixler			ADDRESS Homewood Apts.		
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma - Pancreas					
DUE TO (A) 6 mox					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NN) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XX) (XY) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YX) (YY) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)					

VS 150

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5499**

51 5499
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lily Pennewill			2. DATE OF DEATH 6/19/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD COUNTY #14		
B. FULL NAME OF HOSPITAL OR INSTITUTION Balt. Eye Ear + Throat Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 14 27-05		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) above		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 6, 1882	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph H. Miller			14. MOTHER'S MAIDEN NAME ? Warner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Clarence H. Bouls 6413 Sefton Ave.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) circulatory failure DUE TO			INTERVAL BETWEEN ONSET AND DEATH 30hr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) pulmonary embolus DUE TO			30hr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. (C) Hypertensive cardiovascular disease acute congestive glaucoma			?
19A. DATE OF OPERATION 6/4/51	19B. MAJOR FINDINGS OF OPERATION Acute glaucoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/30/51 , 19__, to 6/19/51 , 19__, that I last saw the deceased alive on 6/19/51 , 19__, and that death occurred at 6:00 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE B. M. Young	23B. ADDRESS M. D. Balt. Eye Ear + Throat Hosp		23C. DATE SIGNED 6/19/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-23-1951	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1951	REGISTRAR'S SIGNATURE Walter Williams		25. FUNERAL DIRECTOR ADDRESS John D. Morgan 3000 E. Baltimore St.

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE STATE OF DEATH

and after the
death of the

of

of

of

of

of

of

of

of

of

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5500

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Della Cordelia Shields

2. DATE
OF
DEATH

June 19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1557 Abbottston

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

at Rome

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Md. Baltimore City

C. CITY OR TOWN

Baltimore City

D. STREET ADDRESS (If rural, give location)

1557 Abbottston St.

c. Length of stay in Baltimore

69 yrs

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 6-1880

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Pomfret - Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Maynard Duval

14. MOTHER'S MAIDEN NAME

Dorothy Bizard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Mrs Dorothy Michel (daughter) Balto.

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cardio-vascular Renal Disease

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Arterio-sclerosis

5 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1951, to June 19, 1951, that I last saw the
deceased alive on June 19, 1951, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Carl H. Benson M.D.

23B. ADDRESS

5111 York Rd.

23C. DATE SIGNED

June 20, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

June 21/51

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Edward Morris, Balto.

ADDRESS

JUN 21 1951

VS 150

19510005498

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. J. M. Smith
123 Main St.
New York
Dear Sir:
I have the honor to acknowledge
the receipt of your letter of the
10th inst. and in reply to inform
you that the same has been
forwarded to the proper
authorities for their consideration.
Very respectfully,
J. M. Smith

Yours truly,
J. M. Smith
J. M. Smith
123 Main St.
New York